



***Health Status,
Behavioral Health
Risks, Health Care
Access, and
Health Care
Utilization
Among
Rhode Islanders,
1990 and 1996***

Rhode Island Health Interview Survey

Office of Health Statistics
Rhode Island Department of Health

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Director of Health

"Safe and Healthy Lives in Safe and Healthy Communities"

***Health Status, Behavioral Health Risks,
Health Care Access, and
Health Care Utilization
Among
Rhode Islanders, 1990 and 1996.***

**A Report of Results of the 1990 and 1996
Rhode Island Health Interview Surveys**

March, 2000

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**Office of Health Statistics
Rhode Island Department of Health**

“Safe and Healthy Lives in Safe and Healthy Communities”

March 31, 2000

Dear Friends:

Enclosed is a trend report based on results from the two most recent Rhode Island Health Interview Surveys performed in 1990 and 1996. Much of the data from the two health surveys has been presented in prior topical reports. This is a comprehensive report showing how Rhode Islanders have been doing in the areas of Health Status, Behavioral Health Risks, Health Care Access, and Health Care Utilization.

These results indicate that the state is making progress in many of these areas. For example, cigarette and alcohol use have declined; safety belt use, bicycle helmet use, and sun screen use have increased; and more Rhode Islanders are seeing physicians and dentists, and have a regular source of health care.

However, in some areas things have not improved. More Rhode Islanders are overweight or obese; more report hypertension or high cholesterol; and fewer have health care coverage.

During the year 2000 we plan to conduct the next Health Interview Survey in Rhode Island. This will make it possible to find out whether the trends observed in the first part of the 90's have persisted or changed over the past 4 years.

HEALTH has been working hard with its community and health provider partners to improve the health status of all Rhode Islanders, to encourage the adoption of healthy lifestyles, and to improve access to and use of health care resources. This report provides information to focus that work. We all need to continue working hard to assure safe and healthy lives in safe and healthy communities for all Rhode Islanders!

Sincerely

Patricia A. Nolan, MD, MPH
Director of Health

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Above all, appreciation is extended to the many residents of Rhode Island who agreed to take part in the survey -- their cooperation is critical to the Department of Health's ability to monitor the health status of Rhode Islanders and Rhode Islanders' access to health care.

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Introduction

This report summarizes key results for Rhode Island's Health Interview Survey (HIS), comparing results for 1996, the year of the most recent survey, with those for the prior survey in 1990. Rhode Island's Health Interview Survey, conducted approximately at 5 year intervals beginning in 1972, monitors the prevalence of general health status, behavioral health risks, and access to and utilization of health care, for persons of all ages in the state.

The HIS is a primary source of health-related data, and is a critical surveillance tool for a number of the Health Department's programs, particularly in the areas of chronic disease prevention and health insurance coverage. It also provides a vital source of data for surveillance of Rhode Island's progress towards achievement of its Healthy Rhode Islanders 2000 objectives^{1,2}.

In each year in 1990 and in 1996, the Health Interview Survey conducted phone interviews to collect information on about 6,550 persons residing in approximately 2,600 randomly selected households statewide. A knowledgeable adult provided information for each individual residing in the household. The interviews covered a variety of key health indicators including:

- ◆ health status
 - ✓ general health
 - ✓ diabetes
 - ✓ hypertension
 - ✓ high cholesterol
 - ✓ activity limitations [1996 only]
- ◆ health care access and utilization
 - ✓ physician visits
 - ✓ dentist visits
 - ✓ regular source of health care
 - ✓ health care coverage
 - ✓ dental care coverage
- ◆ behavioral health risks
 - ✓ cigarette and alcohol use
 - ✓ overweight
 - ✓ safety belt use
 - ✓ bicycle riding and helmet use
 - ✓ sunscreen use

Methods used to collect and analyze the data are detailed in Appendix A.

In this report, results for each health indicator were examined in relation to selected age groups, gender, race/ethnicity, education, income, and health care coverage status, and results for 1990 and 1996 were compared with one another. An Executive Summary presents highlights for each of the health indicators. This is followed by more extended commentary and graphic presentation of selected results for each indicator. Detailed tables for each indicator are included at the end of the report.

¹ Rhode Island Department of Health. Healthy Rhode Islanders 2000, Providence, Rhode Island 1993.

² Rhode Island Department of Health. Healthy Rhode Islanders 2000 Mid-Course Review, Providence, Rhode Island, 1996.

Change in health indicators between 1990 and 1996.

	<u>Change from 1990 – 1996</u> ☹ = unchanged ☺ =better ☹ = worse
General Health Status	☹
Diabetes	☺
Hypertension	☹
High Cholesterol	☹
Cigarette Smoking (Ages =>16)	☺
Current Alcohol Use (Ages =>18)	☺
Overweight and Obesity	☹
Safety Belt Use	☺
Bicycle Helmet Use	☺
Sunscreen Lotion Use	☺
Physician Visits	☺
Dentist Visits	☺
Regular Source of Care	☺
Health Care Coverage	☹
Dental Care Coverage	☺

Executive Summary/Highlights

I. Health Status

General Health Status

- ✓ In 1996, about 10% of Rhode Island's population were reported as being in fair or poor health, and 39% as being in excellent health. Advanced age, lower education, lower household incomes, or being overweight were all associated with reporting fair or poor health.

Diabetes

- ✓ In 1996 5% of Rhode Island adults were reported as having been told by a doctor that they have diabetes. Compared with non-Hispanic Whites (4.8%), the prevalence of diabetes was higher among Blacks (8.4%) and among Hispanic Whites (7.1%). Obese persons (11.1%) were much more likely to report diabetes than persons who were either overweight (5.5%) or of normal weight (2.3%).

Hypertension

- ✓ About 1 in 5 Rhode Island adults reported having been told by a medical professional that they have hypertension. In 1996, more than 50% of persons ages 75 and older reported hypertension. Lower education, lower household incomes, or being overweight or obese were associated with reporting hypertension. Seventy-five percent of adults reporting themselves as hypertensive had been prescribed medication by a doctor.

High Cholesterol

- ✓ Between 1990 and 1996, the percentage of Rhode Island adults ages 18 and older reporting high cholesterol levels increased from 16% to 21%. In 1996, 19% of Rhode Island adults had never had their blood cholesterol level checked.

Activity Limitations

- ✓ In 1996 nearly 16% of Rhode Islanders of all ages had some kind of activity limitation due to an impairment or health problems, and about 8% reported a severe limitation (defined as "unable to do major activities"). Older persons, persons with less education, with lower household incomes, or who were overweight or obese were more likely to report activity limitations.

II. Behavioral Health Risks

Cigarette Smoking

- ✓ About 21% of Rhode Islanders over age 16 were current smokers in 1996, compared to 24% in 1990. While the prevalence of smoking decreased over this period among those ages 25 and older, smoking prevalence increased among those ages 16-24. During this period, the percentage of former smokers increased from 24% in 1990 to 28% in 1996. The smoking quit rate was higher among older persons, persons with more education, or with higher household incomes.

Alcohol Use

- ✓ Between 1990 and 1996, the prevalence of current drinking among Rhode Island adults ages 18 and older declined from 48% to 45%. However, the proportion of heavy drinkers remained at about 4%. Rates for alcohol use were higher among males than among females, and higher among White non-Hispanics than among other race/ethnic groups.

Overweight and Obesity

- ✓ Between 1990 and 1996, the prevalence of overweight and obesity among Rhode Island adults over age 18 increased from 42% to 50%, with almost all of the increase occurring among those classified as obese. Increases occurred in all demographic groups. Blacks had the highest prevalence of obesity (21.1%) among all race/ethnic groups.

Safety Belt Use

- ✓ In 1996, about 76% of Rhode Island's adult population were reported as always using a safety belt when driving or riding in a car, compared to 58% in 1990. In 1996, adult respondents with children ages 0-5 reported that 99% of those children always used a child restraint or safety belt when riding in a car.

Bicycle or Motorcycle Riding and Helmet Use

- ✓ The prevalence of bicycle helmet use tripled between 1990 and 1996. In 1996, 43% of those who rode a bicycle within the past 12 months owned and used bicycle helmets, compared to 14% in 1990. Reported helmet use increased most dramatically among children ages 17 and younger.
- ✓ In 1996, about 75% of those who had ridden a motorcycle within the past 12 months used a motorcycle helmet.

Sunscreen Lotion Use

- ✓ Between 1990 and 1996, the percentage of Rhode Islanders who had used sunscreen lotion to protect against sunburn during the prior year increased from 53% to 64%. Non-Hispanic Whites had the highest prevalence of sunscreen lotion use; Blacks had the lowest prevalence of use.

III. Health Care Access and Utilization

Physician Visits

- ✓ In 1996, 71% of Rhode Islanders had visited a physician at least once for a routine check-up in the past 12 months, compared to 61% in 1990. The prevalence of visits for a routine checkup was highest among those ages 0-5. Persons with health care coverage were more likely to have had a routine checkup than persons without health care coverage.

Dentist Visits

- ✓ In 1996, about 78% of Rhode Islanders ages 2 and older had visited a dentist at least once in the past 12 months, and 72% had a dentist visit for a checkup or cleaning. Persons with more education, with higher household incomes, or with commercial dental care coverage were more likely to have had a preventive visit.

Adequate Regular Source of Care

- ✓ Eighty-seven percent of Rhode Islanders had an adequate regular source of medical care in 1996, compared to 85% in 1990. Persons with health care coverage were more likely to have an adequate regular source of medical care than persons without health care coverage.

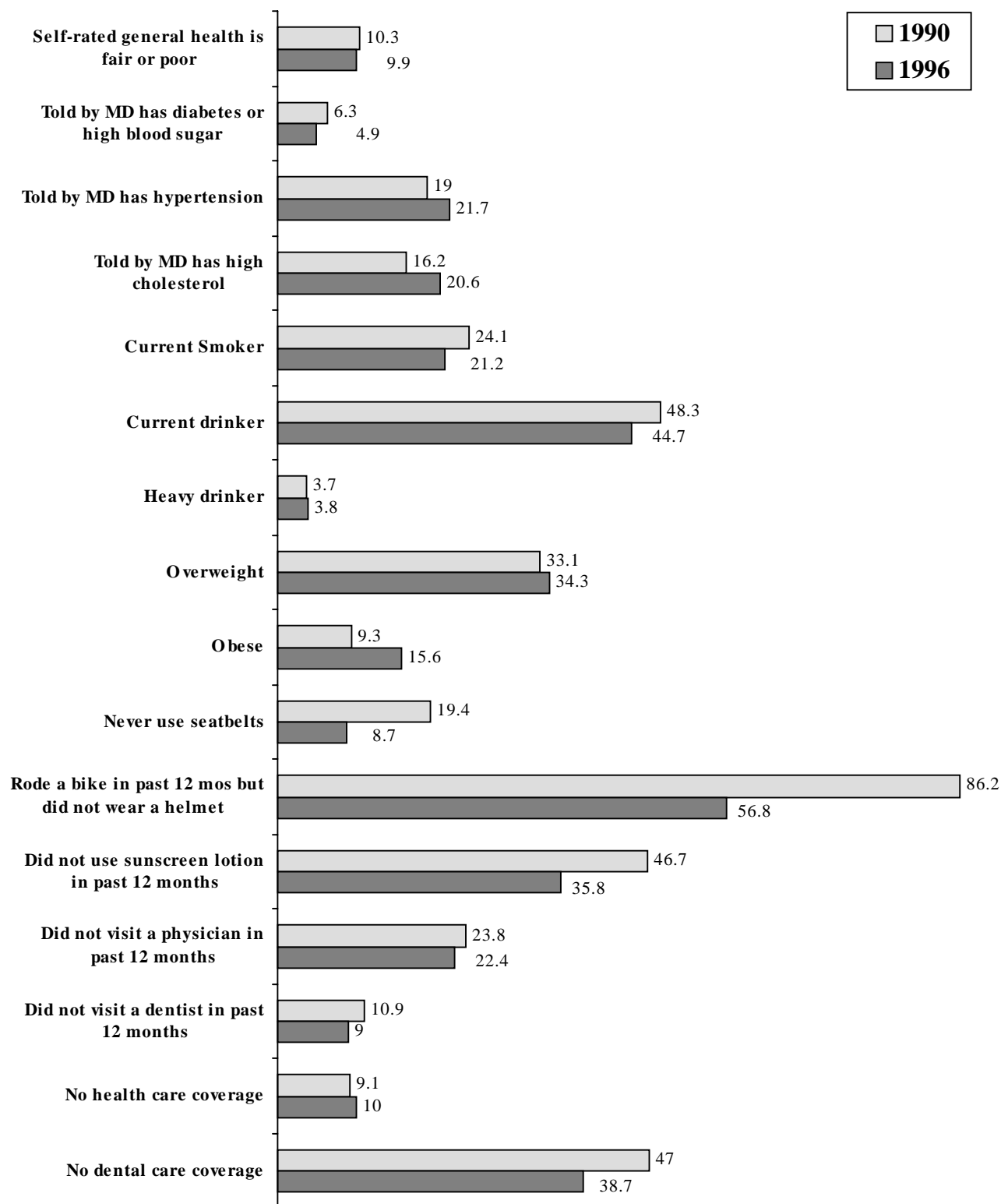
Health Care Coverage

- ✓ One out of every ten Rhode Islanders lacked health care coverage in 1996. Compared with non-Hispanic Whites, uninsured rates were more than twice as high among members of racial/ethnic minority groups. The percentage of persons without coverage in the lowest income group increased between 1990 and 1996, as did the percentage of persons covered by government programs.

Dental Care Coverage

- ✓ There were improvements in dental care coverage in all demographic groups from 1990 to 1996. In 1990, 47% lacked dental care coverage compared with 39% in 1996. The percentage of persons without dental care coverage was much higher among those ages 65 and older than among younger age groups.

Figure 1
Change in Health Indicators between 1990 and 1996



I. Health Status

General Health Status

Diabetes

Hypertension

High Cholesterol

Activity Limitations

General Health Status

Self-assessed health is a broad indicator of health and well being. Studies have shown that self-assessed health is a valid and reliable indicator of a person's overall health status and a powerful predictor of mortality and morbidity.³

General Health Status: Respondents rated their own health and/or their family members' health as **Excellent, Very Good, Good, Fair, or Poor**. These five categories were regrouped into three categories for analysis, as **Excellent, Very Good/Good, or Fair/Poor**.

- ◆ Between 1990 and 1996 there was little change overall in the distribution of categories of general health status. The general health of almost 4 in 10 was rated as excellent, about half as very good/good, and about 1 in 10 as fair/poor. However, there were changes in reported health status within subgroups.
- ◆ Between 1990 and 1996 the percentage reporting excellent health increased in all age groups except among those ages 25-44. The largest increase in excellent health (30% increase) occurred among persons ages 75 and older, followed by those ages 0-5 (16% increase).
- ◆ While the prevalence of those reported to be in excellent health among non-Hispanic Whites remained constant (39%) between 1990 and 1996, the proportion reported to be in excellent health increased substantially in the three minority groups (Figure 2).
- ◆ In 1996, persons ages 18 and older with less than a high school education were nearly 6 times more likely to report being in fair or poor health (30.6%) than persons with a college degree (5.3%).
- ◆ The prevalence of those reported to be in fair/poor health decreased as household income increased. In 1996, persons below the federal poverty level (FPL) were nearly 7 times as likely to be in fair or poor health (23.4%) as persons in the highest income group (3.5%).
- ◆ Weight status was strongly related to general health status. Adults who were not overweight were more likely to be in excellent health than persons who were overweight or obese. Obese persons (21.8%) were over twice as likely to be in fair/poor health as persons who were not overweight (9.3%) (Figure 3).

³National Center for Health Statistics. Health, United States, 1998 with Socioeconomic Status and Health Chartbook. Hyattsville, Maryland: 1998.

Figure 2

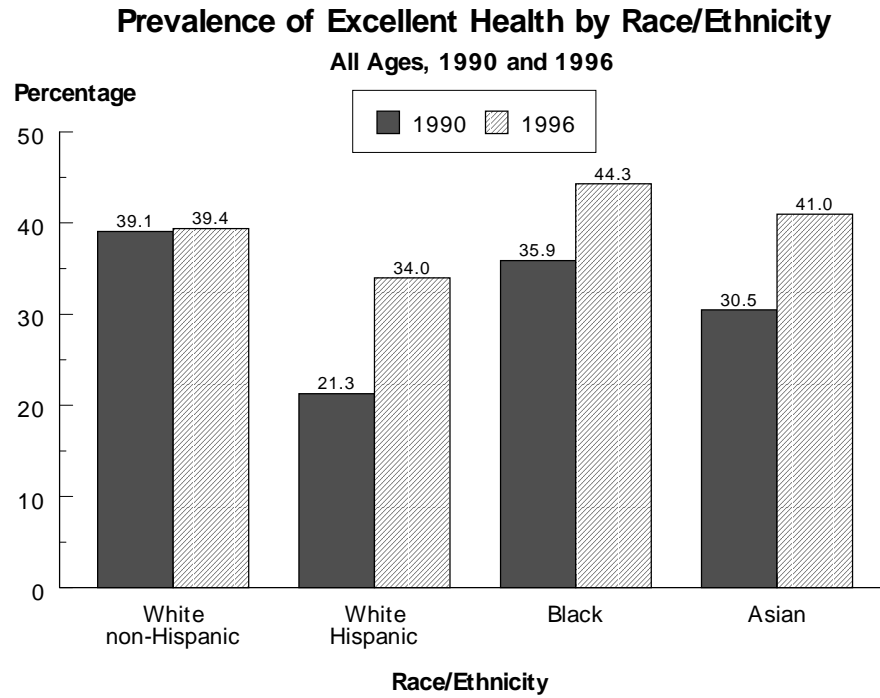
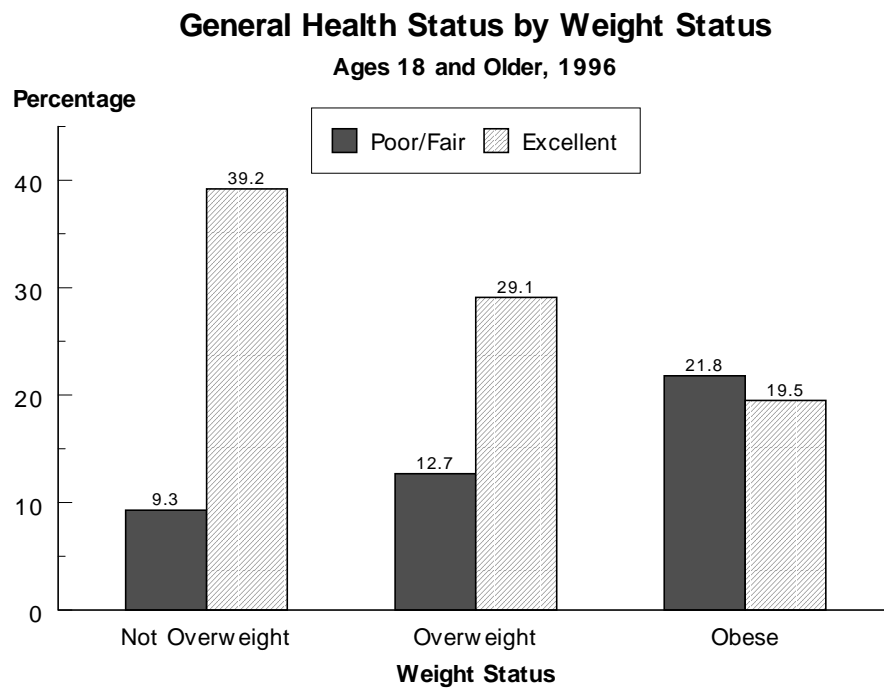


Figure 3



Diabetes

Persons with diabetes face shortened life spans and have a greater probability of multiple acute and chronic complications, including renal failure, blindness, and lower extremity amputations.⁴ In 1995 diabetes was the seventh leading cause of death for all persons in the United States.

Diabetes: Persons were defined as having diabetes if they had ever been told by a doctor that they have diabetes, sugar in their urine, or high blood sugar.

- ◆ Between 1990 and 1996, the percentage of adults reporting they had been told that they have diabetes decreased from 6.3% to 4.9%. Decreases occurred in all demographic subgroups, with the exception of those ages 75 and older. Among these elderly persons, the prevalence of diabetes increased by a third, from 11.6% in 1990 to 15.4% in 1996.
- ◆ The prevalence of reported diabetes increased with advancing age, ranging from 0.2% among those 18-24 years of age, to 15.4% among persons ages 75 years and older in 1996 (Figure 4).
- ◆ In 1996 the prevalence of diabetes was 1.8 times higher among Black persons (8.4%), and 1.5 times higher among Hispanic White persons (7.1%) than among non-Hispanic White persons (4.8%).
- ◆ The prevalence of diabetes was strongly associated with weight status. In 1996, among persons who were not overweight, 2.3% reported that they had diabetes, compared with 5.5% of those who were overweight and 11.1% of those who were obese (Figure 5).

⁴Healthy People 2000. National Health Promotion and Disease Prevention Objectives. Washington, D.C.; United States Department of Health and Human Services. DHHS Pub. No. (PHS) 91-50212, 1990.

Figure 4
Prevalence of Diabetes by Age
Ages 18 and Older, 1996

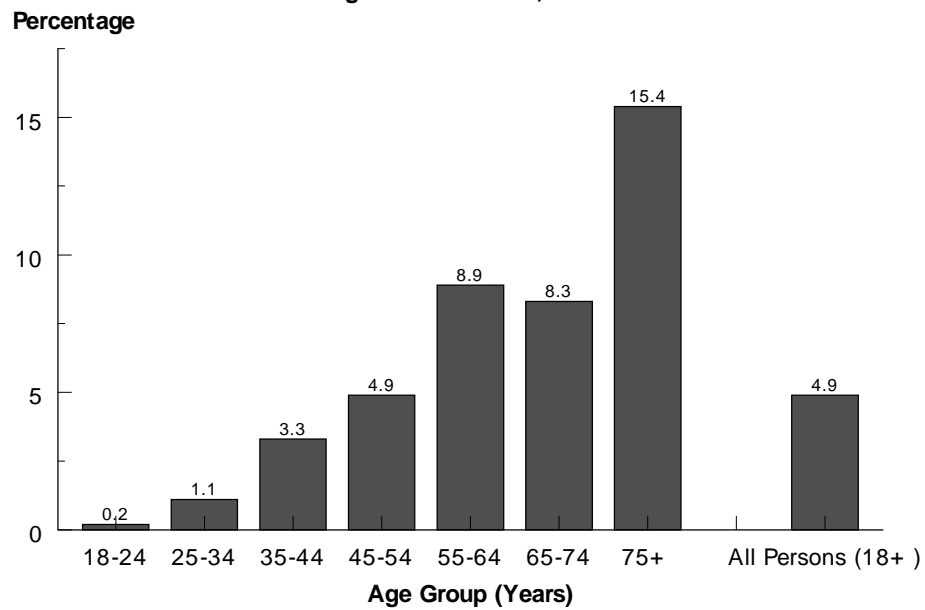
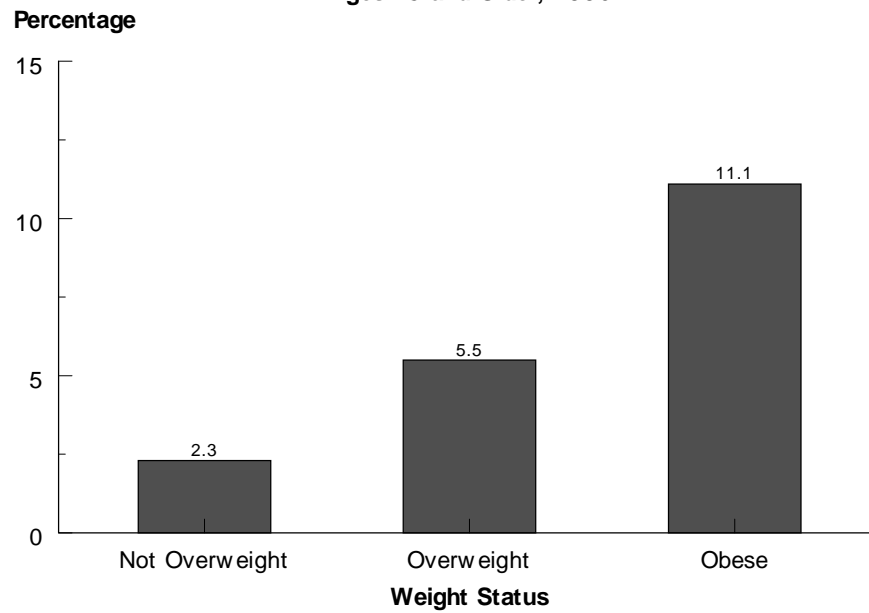


Figure 5
Prevalence of Diabetes by Weight Status
Ages 18 and Older, 1996



Hypertension

Persons with high blood pressure (hypertension) have three to four times the risk of developing coronary heart disease and as much as seven times the risk of a stroke as do those with normal blood pressure.⁵ Blood pressure control through diet, exercise, and medication can help reduce the incidence of heart disease and stroke and resulting mortality.

Hypertension: Persons were defined as having hypertension if they had ever been told by a doctor, nurse, or other health professional that they have high blood pressure or hypertension.
Medication: Persons were defined as having been prescribed medication for high blood pressure if they reported a doctor had prescribed daily high blood pressure medicine.

- ◆ Between 1990 and 1996, the percentage of Rhode Island adults 18 years of age and older reporting hypertension increased slightly, from 19.0 % to 21.7 %.
- ◆ The prevalence of reported hypertension was strongly associated with age. In 1996, persons ages 75 and older were 24 times more likely to report having hypertension (50.9%) than persons ages 18-24 (2.1%) (Figure 6).
- ◆ Hypertension rates decreased as years of education increased, ranging from 32.6% among persons with less than a high school education to 17.2% among those with a college degree in 1996.
- ◆ The prevalence of reported hypertension was inversely related to household income. In 1996 28.1% of those below the Federal Poverty Level (FPL) reported hypertension compared with 18.8% of those with household incomes 4 times the FPL or higher.
- ◆ Hypertension was strongly associated with weight status. In 1996 13.2% of those who were not overweight reported having high blood pressure, compared with 28.2% of those who were overweight, and 36.0% of those who were obese (Figure 7).
- ◆ In 1996, about 75.1% of those who reported having hypertension also reported a doctor had prescribed daily medication for their high blood pressure. Medication was more often reported by older persons (about 87% of those over age 55), blacks (85.1%), and those who were obese (84.5%).

⁵Healthy People 2000. National Health Promotion and Disease Prevention Objectives. Washington, D.C; United States Department of Health and Human Services. DHHS Pub. No. (PHS) 91-50212, 1990.

Figure 6
Prevalence of Hypertension by Age
Ages 18 and Older, 1996

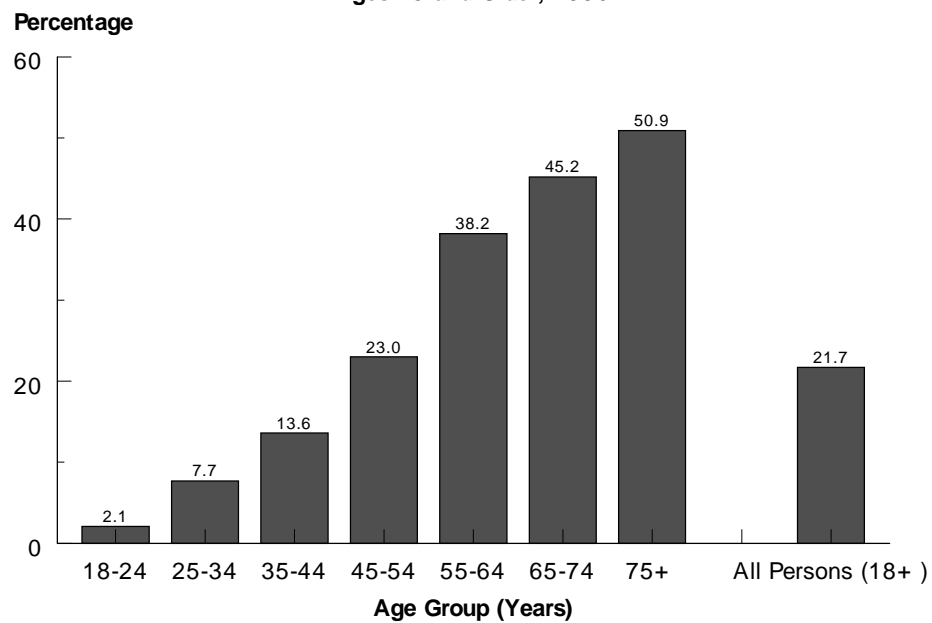
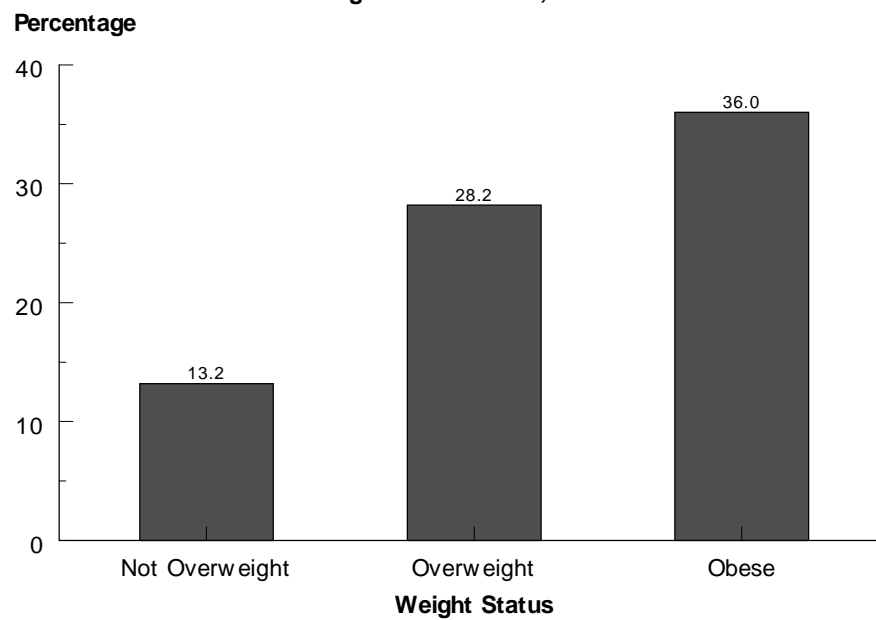


Figure 7
Prevalence of Hypertension by Weight Status
Ages 18 and Older, 1996



High Cholesterol

Blood cholesterol levels greater than or equal to 240 mg/dL are associated with a substantially higher incidence of coronary heart disease.⁶ Reducing high blood cholesterol levels through diet, exercise, and drug treatment is an important component of lowering the risk of heart disease. Detecting high blood cholesterol requires having regular blood cholesterol checks.

High cholesterol: Persons were defined as having high cholesterol if a doctor, nurse, or health professional had ever told them that they have a high blood cholesterol level.
Checked cholesterol: Persons were defined as having checked cholesterol if they reported ever having had their blood cholesterol checked (1996 only).

- ◆ In 1996, 80.8% of all persons ages 18 and older had ever had their blood cholesterol checked, and the percentage ever having had their cholesterol checked increased with age, from 51.4% of those ages 18-24 to 93% or more of those ages 55 and older.
- ◆ Persons with the highest education (88%), and with the highest level of income (86.4%) were more likely than others to report having had their cholesterol checked.
- ◆ Between 1990 and 1996, the percentage of adults 18 years of age and older reporting they had ever been told they have a high blood cholesterol level increased from 16% to 20.6%.
- ◆ In 1996, the prevalence of reporting high cholesterol increased from 3.8% among those ages 18-24, to about 36% among those ages 55-74, and then declined to 29.2% among those 75 and older (Figure 8).
- ◆ The percentage of persons reporting high cholesterol was greater among non-Hispanic Whites (21.1%) than among other race and ethnic groups. However, non-Hispanic Whites (81.5%) were more likely to have had their cholesterol checked than other race/ethnic groups (75% or fewer).
- ◆ In 1996, 25.7% of overweight or obese persons reported having high cholesterol level, compared with 16.0% of those who were not overweight (Figure 9).
- ◆ In 1996, persons reporting hypertension were much more likely to report high cholesterol (38.2%) than persons without hypertension (15.6%) (Figure 9).

⁶ Healthy People 2000. National Health Promotion and Disease Prevention Objectives. Washington, D.C.: United States Department of Health and Human Services. DHHS Pub. No. (PHS) 91-50212, 1990.

Figure 8

Prevalence of High Cholesterol by Age

Ages 18 and Older, 1996

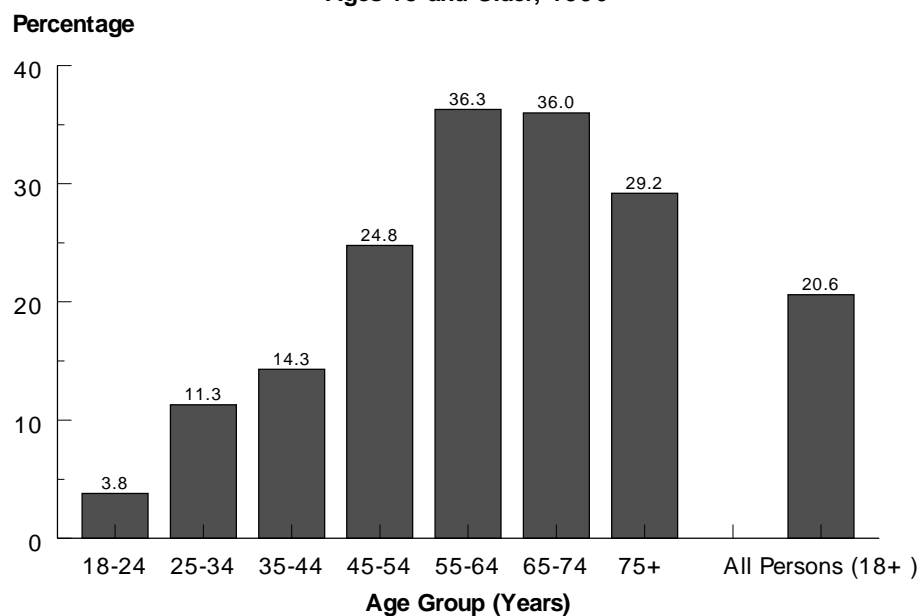
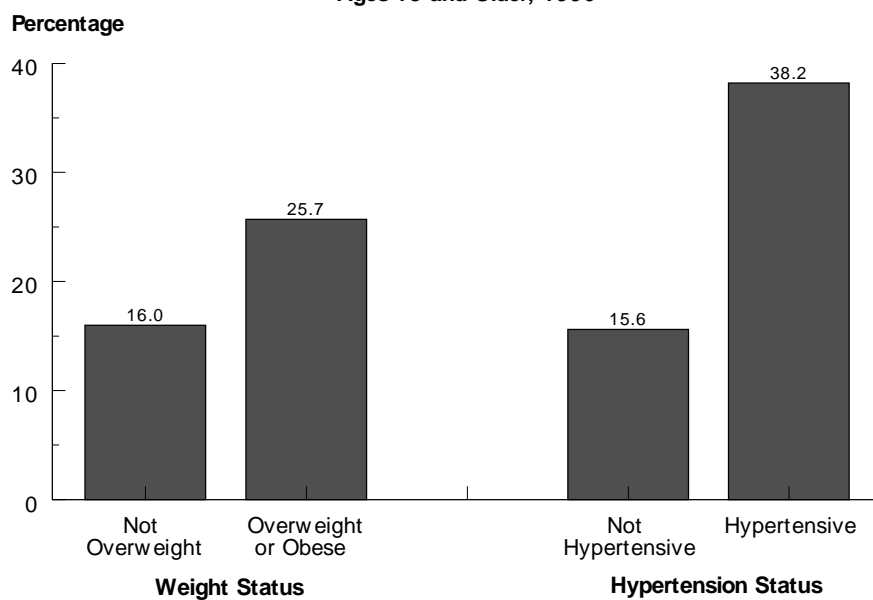


Figure 9

**Prevalence of High Cholesterol by Weight Status
and by Hypertension Status**

Ages 18 and Older, 1996



Activity Limitations

Chronic conditions and injuries can have long term health consequences, sometimes limiting individuals in the performance of their usual activities, such as attending school, working at a job, keeping house, or other routine activities.⁷ The ability to perform usual activities is an important measure of health status. Activity limitations were ascertained only in 1996.

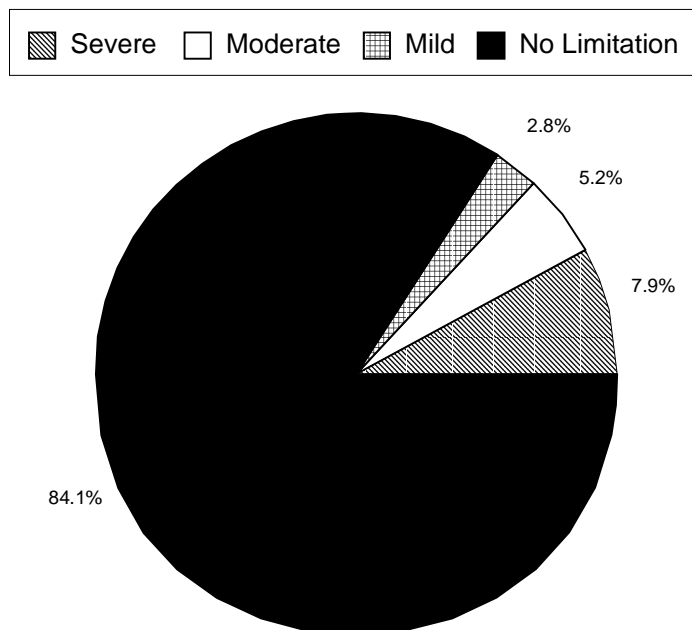
Severe limitations: Persons were defined as having severe limitations if they were unable to perform a major activity e.g. unable to attend school, work at a job, or do housework.

Moderate limitations: Persons were defined as having moderate limitations if they reported being limited in the kind or amount of major activities they can perform.

Mild limitations: Persons were defined as having mild limitations if they reported being limited in the kind or amount of activities they can perform other than major activities.

- ◆ Nearly 16% of Rhode Islanders reported they had some kind of activity limitation due to a physical impairment or health problem, and 7.9% reported a severe limitation (Figure 10).
- ◆ The percentage of persons with severe limitations due to an impairment or health problem increased with age, ranging from 0.2% among those 0-5 years of age to 32.2% among persons 75 years and older (Figure 11).
- ◆ Females (9.0%) were more likely than males (6.7%) to report severe limitations.
- ◆ The percentage of persons with severe limitations was higher among those with less education, ranging from 24.6% for those who had not graduated from high school, to 5.0% for those who had graduated from college.
- ◆ Persons living in households below the Federal Poverty Level (FPL) were over 8 times as likely to report severe limitations as those in the highest income category.
- ◆ The prevalence of activity limitations was associated with weight status. 12.3% of those who were not overweight, 16.8 % of those who were overweight, and 26.3% of those who were obese, reported either severe or moderate limitations (Figure 12).

Figure 10
Activity Limitation Status
1996



⁷Health United States, 1998 with Socioeconomic Status and Health Chartbook. Washington, D.C.: U.S. Department of Health and Human Services. DHHS Pub. No. (PHS) 98-1232, 1998.

Figure 11
Prevalence of Activity Limitation by Age
 1996

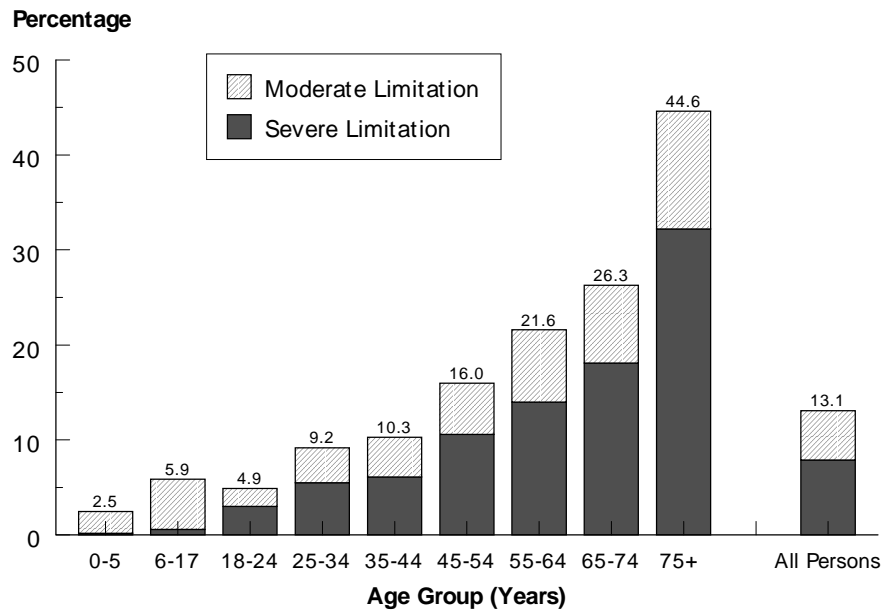
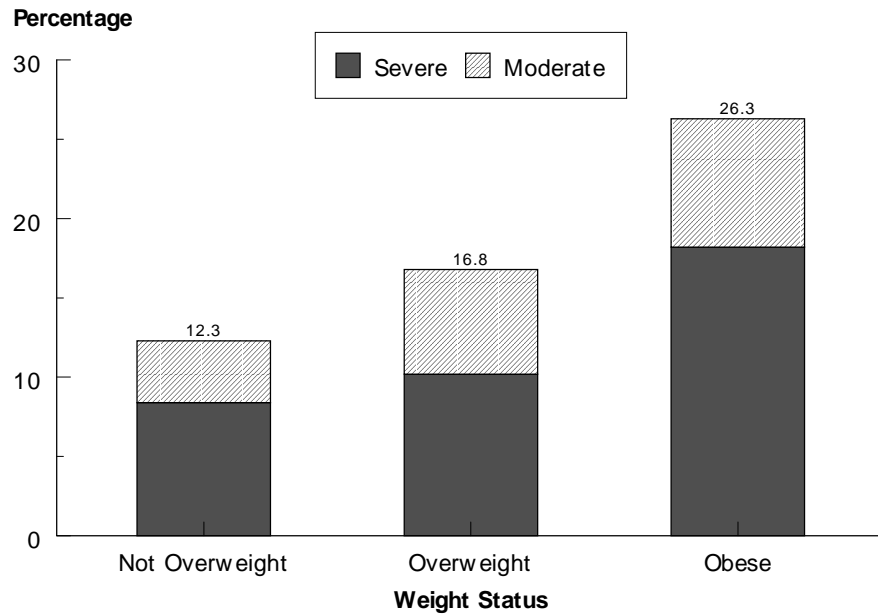


Figure 12
Prevalence of Activity Limitation by Weight Status
 Ages 18 and Older, 1996



II. Behavioral Health Risks

Cigarette Smoking

Alcohol Consumption

Overweight

Safety Belt Use

**Bicycle Riding, Motorcycle Riding,
and Safety Helmet Use**

Sunscreen Lotion Use

Cigarette Smoking

Cigarette smoking is the most important single preventable cause of death and disease in the United States. Smoking increases the risk for heart disease, lung cancer, emphysema, and other respiratory diseases.⁸

Current Smoker: A person is defined as a current smoker if he/she has smoked cigarettes in his/her lifetime and smokes now.

Former Smoker: A person is defined as a former smoker if he/she has smoked cigarettes in his/her lifetime, but does not smoke now.

Never Smoked: A person is defined as having never smoked if he/she has never smoked cigarettes in his/her lifetime.

Quit Rate: The quit rate is defined as the ratio of former smokers to all persons who have ever smoked in their lifetime (i.e. former and current smokers).

- ◆ Between 1990 and 1996, the prevalence of Rhode Islanders 16 years of age and older who had never smoked remained nearly constant (51.7% vs. 51.1%). However, the proportion of current smokers declined from 24.1% to 21.2%. This decline can be attributed to the increased proportion of former smokers (from 24.2% in 1990 to 27.7% in 1996) (Figure 13).
- ◆ Although the percentage of current cigarette smokers declined between 1990 and 1996, the percentage of current smokers increased among the two youngest age groups and the peak age for current smokers shifted from ages 35 - 44 in 1990 to 18 - 24 in 1996. For persons ages 16 - 17, the prevalence of current smoking increased by half, from 9.6% in 1990 to 14.4% in 1996 (Figure 14).
- ◆ Current smoking rates are highest among those with the least education. Between 1990 and 1996, smoking declined at all levels of education except the lowest level, and the rate of decline was the greatest among those with a college degree or more. As a result, the disparity in smoking prevalence across educational levels widened (Figure 15).
- ◆ From 1990 to 1996 the prevalence of current smoking decreased among non-Hispanic Whites, Hispanics, and Blacks. However, among Asian persons, the proportion of persons who never smoked dropped from 78.1% to 58.9%, while the prevalence of current smokers increased from 11.2% to 28.3% (Figure 16).
- ◆ Between 1990 and 1996, the overall quit rate increased from 50.1% to 56.6%. Quit rates increased in all but the youngest age groups. In both years, the quit rate was higher among males, older persons, persons with more education, and persons with higher household incomes.

⁸ Health United States, 1998 with Socioeconomic Status and Health Chartbook. Washington, D.C.; U.S. Department of Health and Human Services. DHHS pub. No. (PHS) 98-1232, 1998.

Figure 13

Smoking Status

Ages 16 and Older, 1990 and 1996

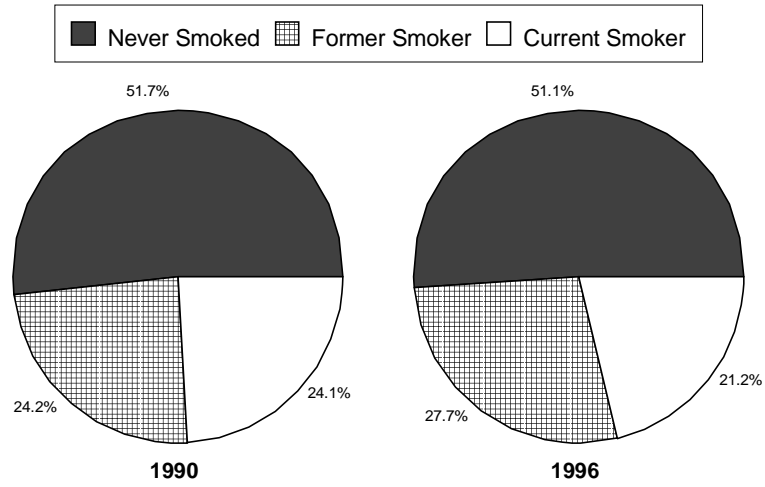


Figure 14

Prevalence of Current Smoking by Age

Ages 16 and Older, 1990 and 1996

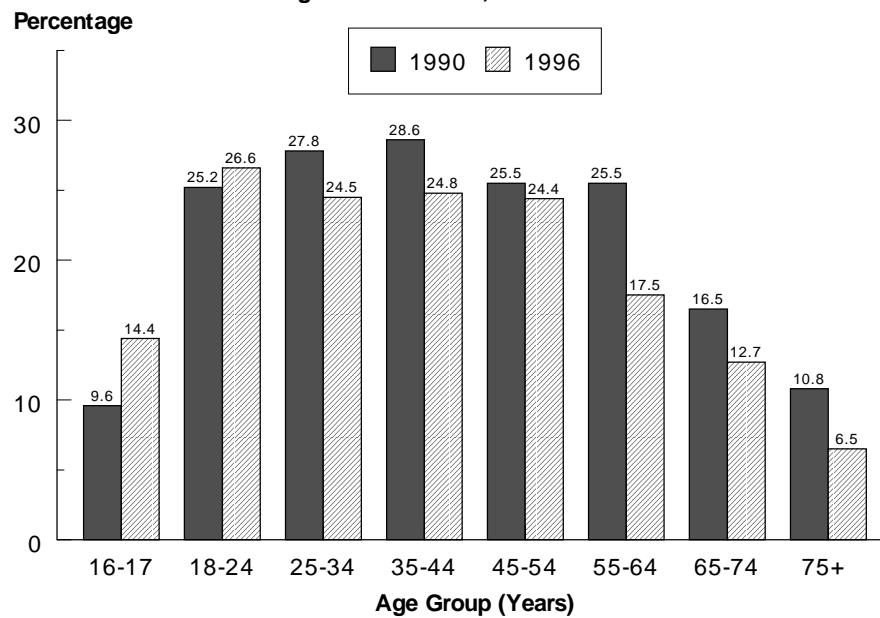


Figure 15
Prevalence of Current Smoking by Education
 Ages 18 and Older, 1990 and 1996

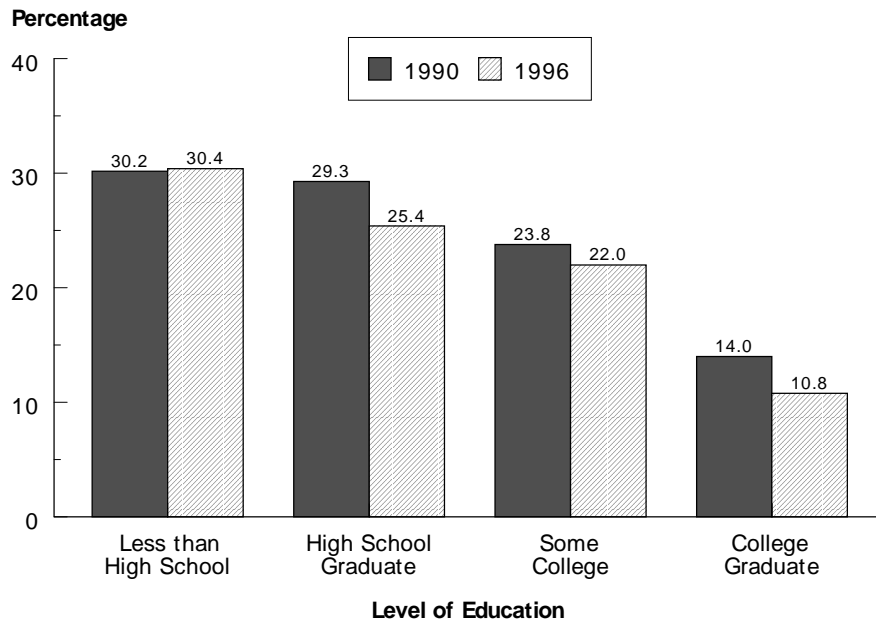
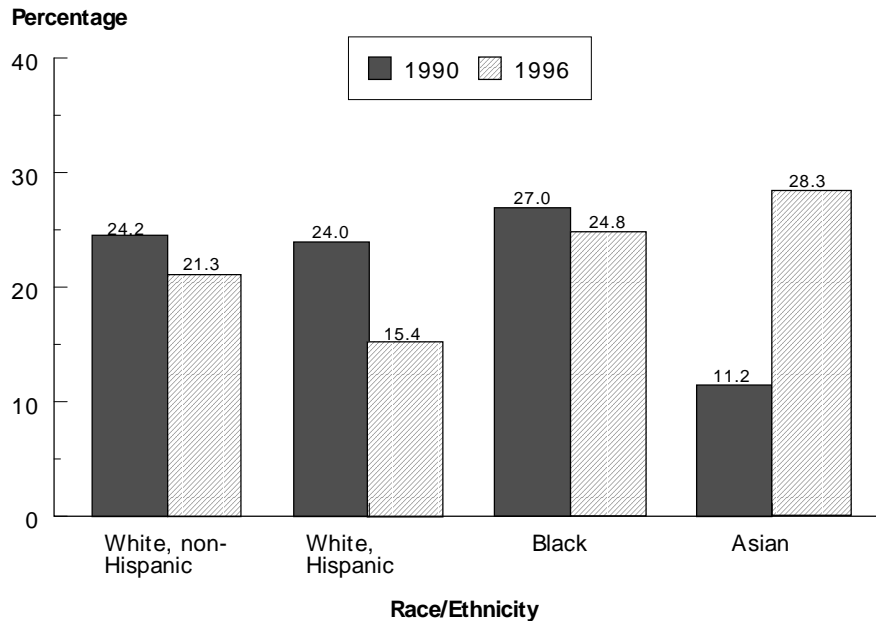


Figure 16
Prevalence of Current Smoking by Race/Ethnicity
 Ages 18 and Older, 1990 and 1996



Alcohol Consumption

Heavy and chronic alcohol use has numerous harmful effects on health. Alcohol use or abuse can cause cirrhosis, poor pregnancy outcomes, and motor vehicle crashes.⁹

Current drinker: A current drinker is defined as a person who has had at least 12 alcoholic drinks in their lifetime, and has had one or more alcoholic drinks in the past 2 weeks.

Binge drinker: A binge drinker is defined as a current drinker who has had 5 or more alcoholic drinks on one or more days in the past two weeks.

- ◆ Between 1990 and 1996, the prevalence of current drinking among Rhode Island adults ages 18 and older decreased from 48.3% to 44.7% (Figure 17). However, the prevalence of binge drinking remained virtually unchanged (3.7 and 3.8%). (Figure 18).
- ◆ In both years persons ages 25 – 34 had the highest proportion of both current and binge drinkers (Figures 17 and 18).
- ◆ While persons ages 18-24 had a lower proportion of current drinkers than other age groups up to age 64, the prevalence of binge drinking in the youngest age group (5.8%) was second only to the prevalence of binge drinking for persons ages 25-34 (8.3%) (Figures 17 and 18).
- ◆ Males were much more likely than females to be both current and binge drinkers.
- ◆ Non-Hispanic White persons were 1.5 times more likely to be current drinkers than any other race/ethnic group.
- ◆ In 1996, the prevalence of current drinking increased with education, ranging from 25.6% among those who had not completed a high school education, to 59.3% for persons with college degrees. However, the prevalence of binge drinking among college graduates was the lowest of any education group.
- ◆ The prevalence of current drinking increased with household income. In 1996, the prevalence of current drinking ranged from 20.2% for those with household incomes below the federal poverty level, to 60.8% for those with the highest household incomes. Binge drinking dropped from 5.1% among low income households to 3.3% in high income households (Figure 19).

⁹Health United States, 1998 with Socioeconomic Status and Health Chartbook. Washington, D.C.: U.S. Department of Health and Human Services. DHHS Pub. No. (PHS) 98-1232, 1998.

Figure 17
Prevalence of Current Drinking by Age
 Ages 18 and Older, 1990 and 1996

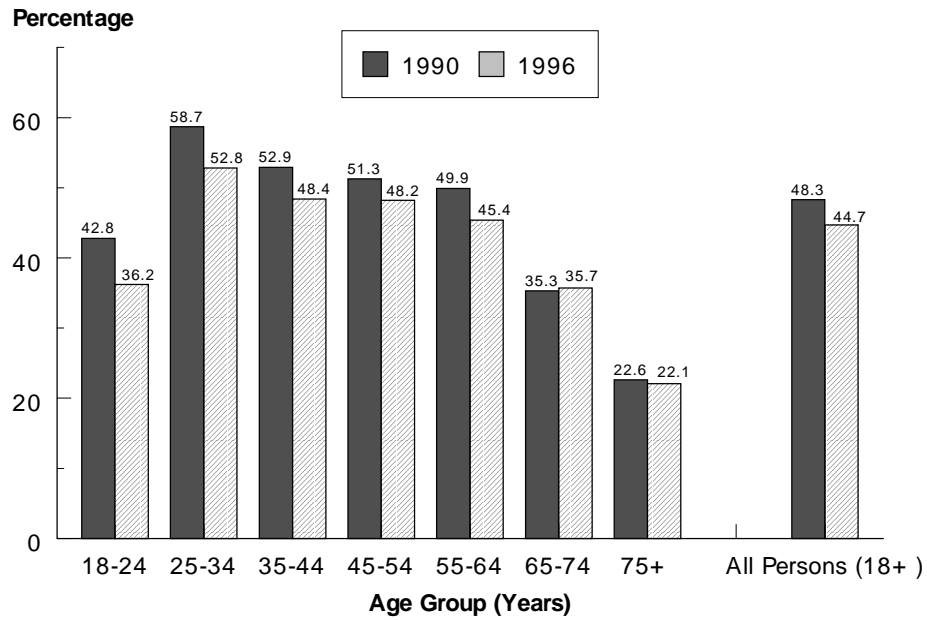


Figure 18
Prevalence of Binge Drinking by Age
 Ages 18 and Older, 1990 and 1996

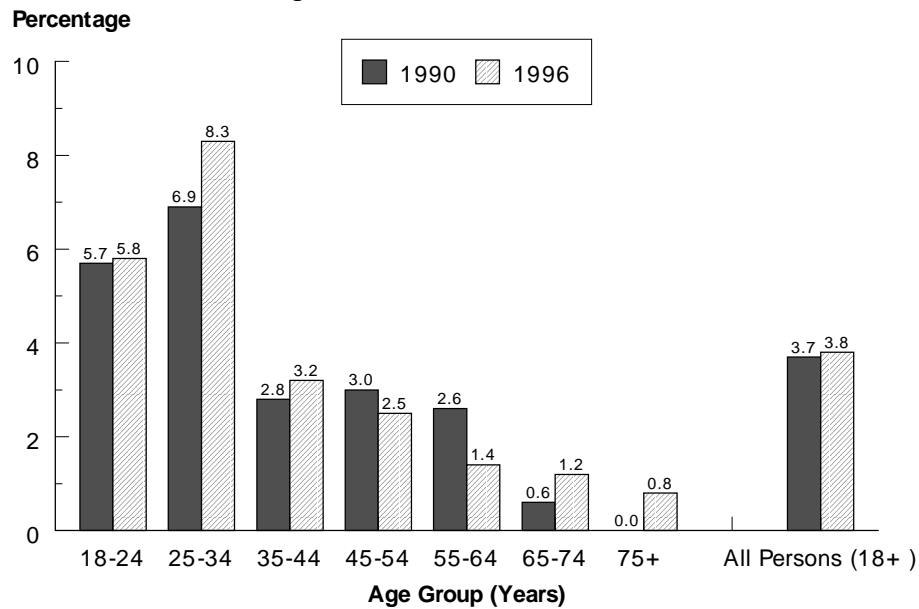
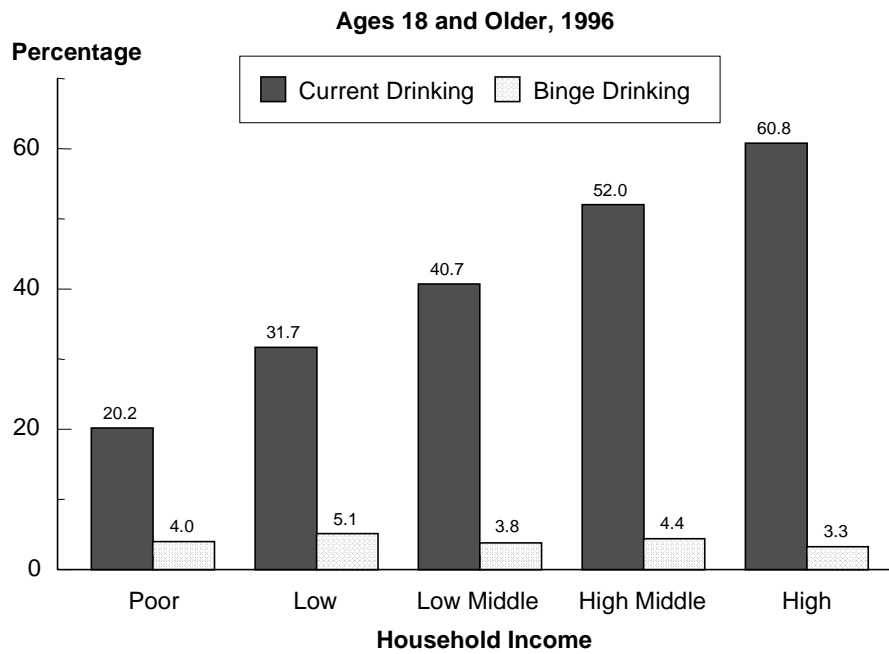


Figure 19
Prevalence of Current and Binge Drinking by Income



Overweight

Being overweight or obese raises the risk of morbidity and mortality due to hypertension, coronary heart disease, stroke, type 2 (adult-onset) diabetes, gallbladder disease, osteoarthritis, and breast, prostate, and colon cancers.¹⁰

Body Mass Index (BMI): weight in kilograms divided by height in meters squared.

Overweight*: An adult is defined as being overweight if ≥ 25.0 BMI < 30.

Obese: An adult is defined as obese if BMI ≥ 30.0 .

**Prior standards for overweight, based on BMI criteria, were revised in 1998. Results reported below are based on the new standards for overweight and obese. The old standard defined adult males as overweight if their BMI ≥ 27.8 , and adult females as overweight if their BMI ≥ 27.3 .*

- ◆ In 1996 one half of Rhode Island adults (49.9%) were classified as either overweight or obese (Figure 20), representing an 18% increase over the proportion (42.4%) overweight or obese in 1990. Almost all of this increase was due to an increase in the proportion of the population defined as obese, from 9.3% in 1990 to 15.6% in 1996.
- ◆ In 1996 the percentage of overweight and obese adults increased from 25.9% among persons ages 18-24, to a peak of 60.8% among those ages 55 – 64, declining slightly at older ages.
- ◆ Males were more likely to be overweight or obese than females. 61.1% of males were overweight or obese compared with 40.0 % of females in 1996 (Figure 21).
- ◆ In 1996, 55.5% of Blacks were defined as overweight or obese, compared with 49.8% of non-Hispanic Whites and 48.3% of White Hispanics. The higher proportion (21.1%) of Black persons defined as obese accounted for virtually all of the difference in overweight between these race/ethnic groups (Figure 22).
- ◆ The prevalence of obesity in 1996 was inversely related to level of education, ranging from 23.1% among those who had not graduated from high school to 11.8 % of college graduates.
- ◆ In 1996 persons with income below the Federal Poverty Level (26.1%) were almost twice as likely to be obese as were those in the highest income category (13.3%).

¹⁰ Deborah A., et al. Trends in Overweight among US Adults from 1987 to 1993: A Multistate Telephone Survey.” Am J Public Health. 1996;86:1729-1735.

Figure 20
Weight Status
 Ages 18 and Older, 1990 and 1996

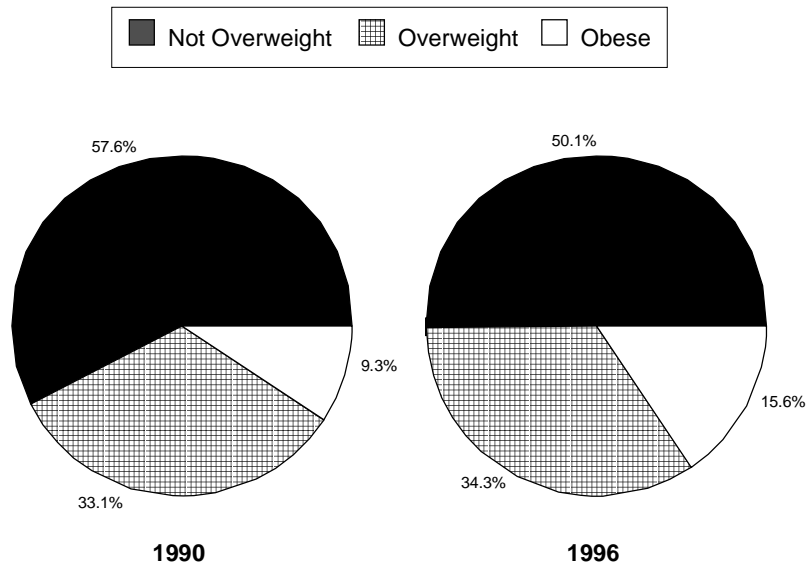


Figure 21
Weight Status by Gender
 Ages 18 and Older, 1996

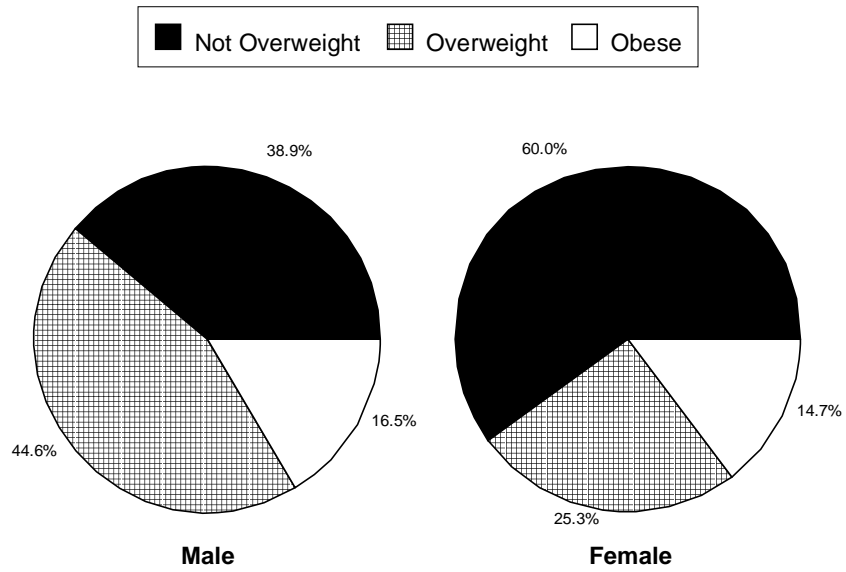
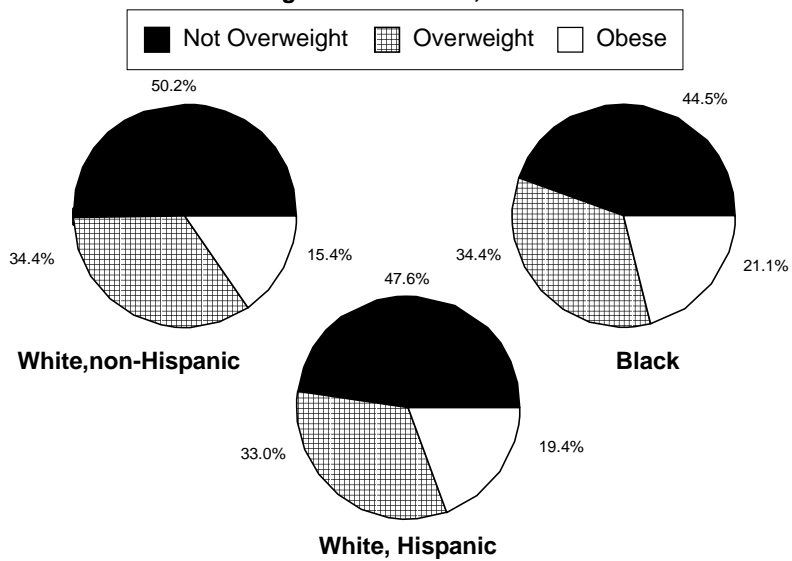


Figure 22

Weight Status by Race/Ethnicity
Ages 18 and Older, 1996



Safety Belt Use

Motor vehicle-related fatalities account for about half of all unintentional injury deaths in the United States and are the leading cause of work-related injury deaths. Approximately 46,000 people die each year in motor vehicle crashes and more than 3.5 million are injured.¹¹ Deaths and disabilities caused by motor vehicle crashes can be reduced substantially by using safety belts regularly when driving or riding in a car.

Regular: Regular safety belt use* is defined as using a safety belt all or most of the time when driving or riding in a car.

Sometimes: Using a safety belt sometimes is defined as using a safety belt some of the time or once in a while when driving or riding in a car.

Never: Never using a safety belt is defined as never using a safety belt when driving or riding in a car.

** Defined as child restraint use for ages under 4, and safety belt use for persons ages 4 and older.*

- ◆ Between 1990 and 1996, the percentage of Rhode Islanders who reported regular safety belt use increased from 57.9% to 76.1%. The percentage of those who never used a safety belt declined from 19.4% to 8.7% (Figure 23).
- ◆ In 1996, the highest prevalence of regular safety belt use (99.0%) was among children ages 0 – 5, followed by those ages 6-17 (88.9%). The prevalence of regular use among older age groups varied little, ranging from 68.2% to 73%. Between 1990 and 1996, the percentage increase in regular safety belt use was greatest among those ages 55 and older, among whom regular safety belt use increased from 43% to 72% (Figure 24).
- ◆ In 1996 females (78.7%) were more likely than males (73.1%) to report regular safety belt use.
- ◆ In 1996 regular safety belt use increased with years of educational attainment, ranging from 56.6 % among those who had not completed their high school education, to 84.9% for college graduates (Figure 25).
- ◆ Persons in the highest income category were more likely to use a safety belt regularly than persons in the lowest income category.

¹¹ Healthy People 2000. National Health Promotion and Disease Prevention Objectives. Washington, D.C.; United States Department of Health and Human Services. DHHS Pub. No. (PHS) 91-50212, 1990.

Figure 23
Safety Belt Use Status

1990 and 1996

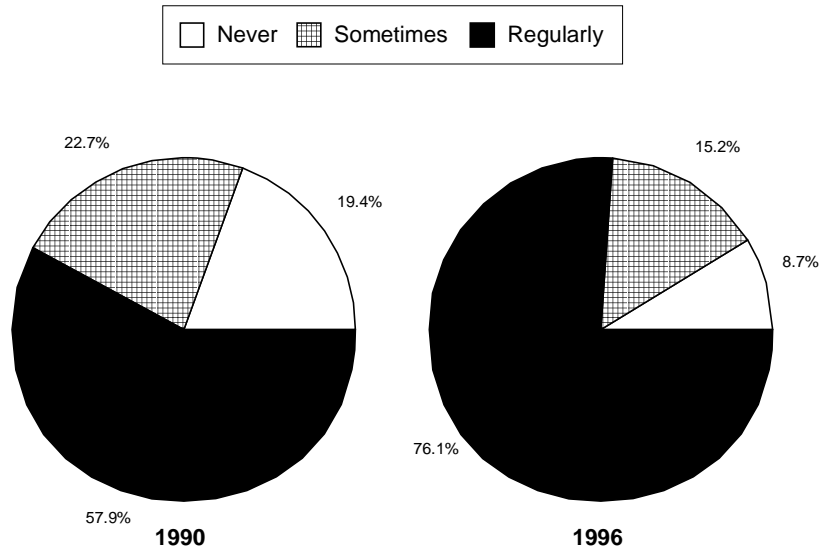


Figure 24
Prevalence of Regular Safety Belt Use by Age

1990 and 1996

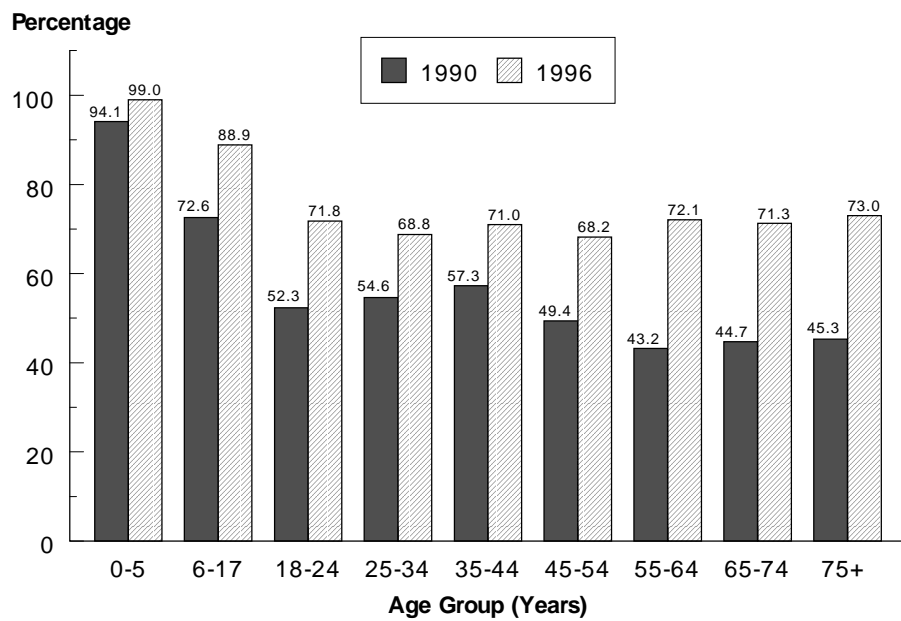
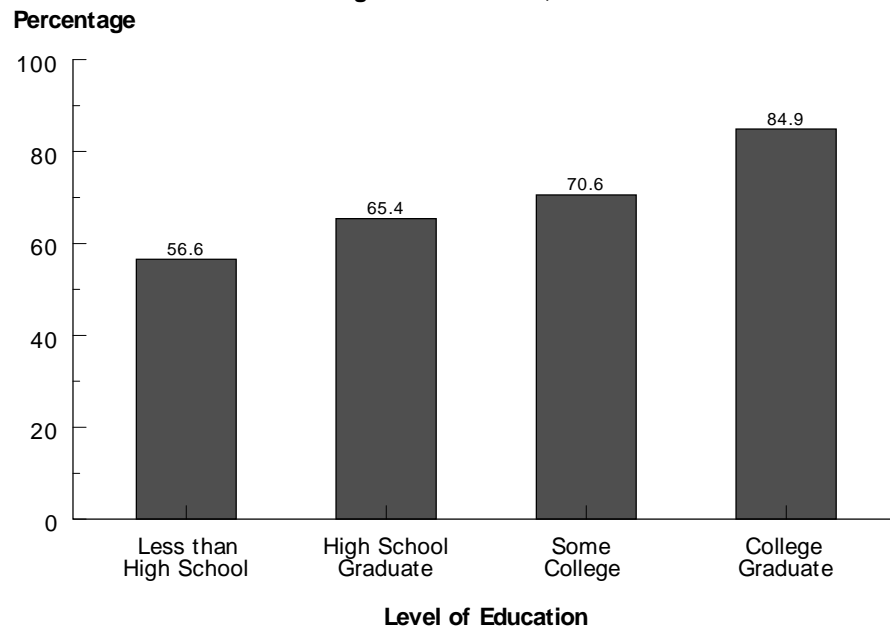


Figure 25
Prevalence of Regular Safety Belt Use by Education
Ages 18 and Older, 1996



Bicycle Riding, Motorcycle Riding, and Safety Helmet Use

Head injury is the leading cause of death in bicycle and motorcycle crashes. The risk of fatal head injury for unhelmeted bicyclists is more than 6.5 times that for helmeted bicyclists. Unhelmeted motorcycle riders are 2 times more likely to incur a fatal head injury and 3 times more likely to incur a nonfatal head injury than are helmeted motorcycle riders.¹²

Bicycle Riding: A person is defined as a bicycle rider if they reported riding a bicycle in the past 12 months.

Bicycle Helmet Use: A bicycle helmet user is defined as a person who rode a bicycle in the past 12 months, owned a bicycle helmet, and wore it all or most of the time when riding a bicycle.

Motorcycle Riding: A person is defined as a motorcycle rider if they reported riding a motorcycle in the past 12 months.

Motorcycle Helmet Use: A motorcycle helmet user is defined as a person who rode a motorcycle in the past 12 months and wore a helmet when riding a motorcycle.

- ◆ The prevalence of bicycle riding among Rhode Islanders increased from 33.3% to 37% from 1990 to 1996. During this period, the prevalence of helmet use increased threefold, from 13.8% in 1990 to 43.2% in 1996 (Figure 26).
- ◆ The peak age for bicycle riding was 6-17 years old in both years, and the biggest increase in helmet use from 1990 to 1996 occurred in this age group. The rate for helmet use (52.7%) among those 6 – 17 in 1996 was five times the rate of helmet use in 1990 (10.7%) (Figure 27).
- ◆ The youngest age group (ages 0 – 5) had the highest prevalence of bicycle helmet use in both years. In 1996 77.9% in this group wore a helmet when riding a bike in the past 12 months. The lowest rate of bicycle helmet use was among those ages 18-24 (19.7%) (Figure 27).
- ◆ Males were somewhat more likely than females to ride a bicycle, but females were more likely than males to wear a bicycle helmet when riding a bicycle.
- ◆ Bicycle helmet use was higher among those with more education, ranging in 1996 from 18.0% among those with less than a high school education to 42.2% among those with a college degree.
- ◆ The prevalence of motorcycle riding (about 5%) among Rhode Islanders remained the same from 1990 to 1996. The prevalence of motorcycle helmet use among those who rode a motorcycle in the past 12 months increased slightly from 1990 to 1996 (72.7% and 74.9%).

¹² Healthy People 2000. National Health Promotion and Disease Prevention Objectives. Washington, D.C.: United States Department of Health and Human Services. DHHS Pub. No. (PHS) 91-50212, 1990.

Figure 26
Prevalence of Bicycle Riding by Age
 1996

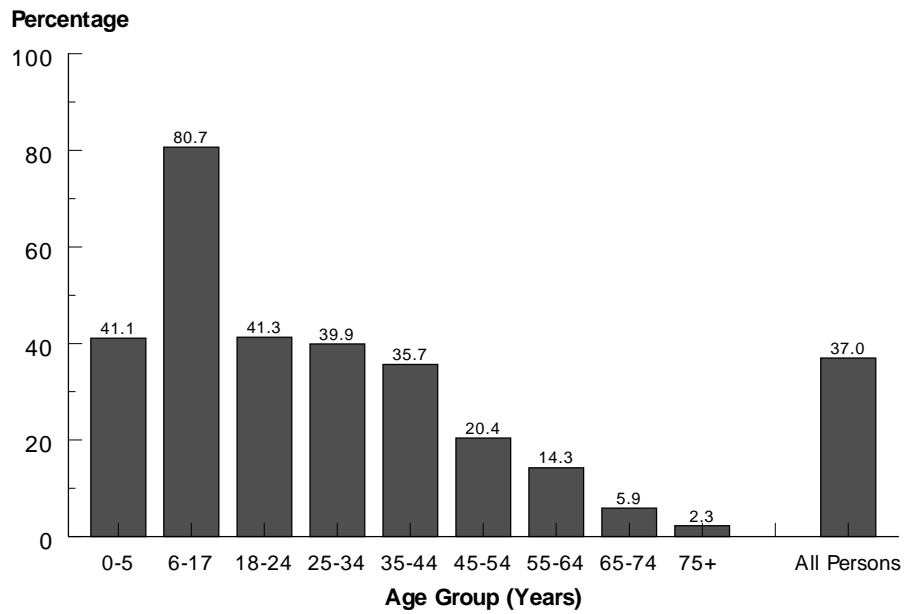
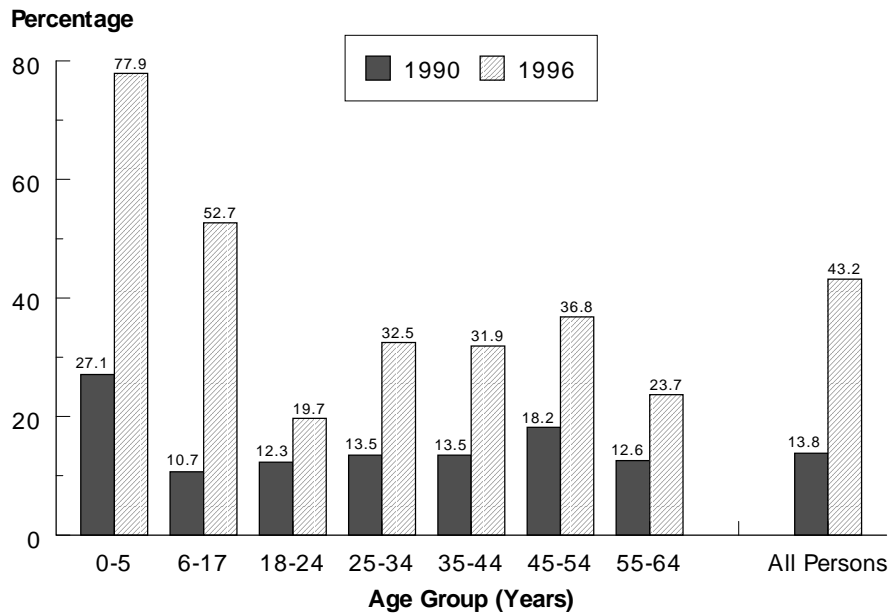


Figure 27
Prevalence of Bicycle Helmet Use by Age
 1990 and 1996



Sunscreen Lotion Use

The incidence of non-melanoma skin cancer varies directly with exposure to ultraviolet light and indirectly with the degree of skin pigmentation.¹³ Sunburn in childhood increases the risk of malignant melanoma in later life.¹⁴ It is recommended that people of all ages, especially those with light complexions, limit sun exposure and use sunscreen preparations rated 15 SPF (Sun Protective Factor) or more during sun exposure.

Sunscreen Lotion Use: Sunscreen lotion use is defined as having used a sunscreen lotion to protect against sunburn at any time during the past year.

- ◆ Between 1990 and 1996, the percentage of Rhode Islanders who used sunscreen lotion during the past year to protect against sunburn increased from 53.3% to 64.2 %. Increased use was reported for every age group (Figure 28).
- ◆ The proportion of persons using sunscreen lotion decreased with increasing age. In 1996, it ranged from 81.1% for those ages 0 – 5 to 23.9% for those ages 75 and older (Figure 28).
- ◆ In 1996, females (67.9%) were more likely than males (60.0%) to have used sunscreen lotion in the past year.
- ◆ Non-Hispanic Whites (67.7%) were much more likely than minority persons to have used sunscreen lotion to protect against sunburn. As reported in 1996, Blacks were the least likely to have used a sunscreen lotion (29.1%), followed by American Indians (32.6%), Hispanic Whites (35.6%), and Asians (43.0%) (Figure 29).
- ◆ Persons with higher levels of education were more likely to have used sunscreen lotion than persons with less education, ranging from 76.8% among those with a college degree to 26.4 % among those who had not completed high school (Figure 30).
- ◆ The prevalence of sunscreen lotion use increased as household income increased. Persons in the highest income category were twice as likely as persons in the lowest income category to have used sunscreen lotion in the past year.

¹³ Healthy People 2000. National Health Promotion and Disease Prevention Objectives. Washington, D.C.: United States Department of Health and Human Services. DHHS Pub. No. (PHS) 91-50212, 1990.

¹⁴ Bourke JF and Graham-Brown RA. Protection of children against sunburn: a survey of parental practice in Leicester. Br J Dermatol 1995 Aug;133(2):264-6.

Figure 28
Prevalence of Sunscreen Lotion Use by Age
 1990 and 1996

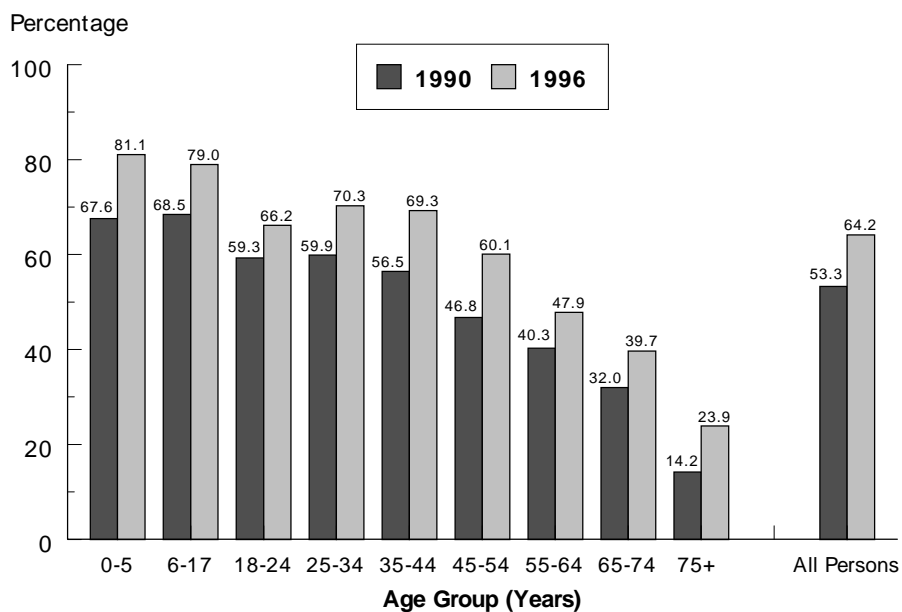


Figure 29
Prevalence of Sunscreen Lotion Use by Race/Ethnicity
 1996

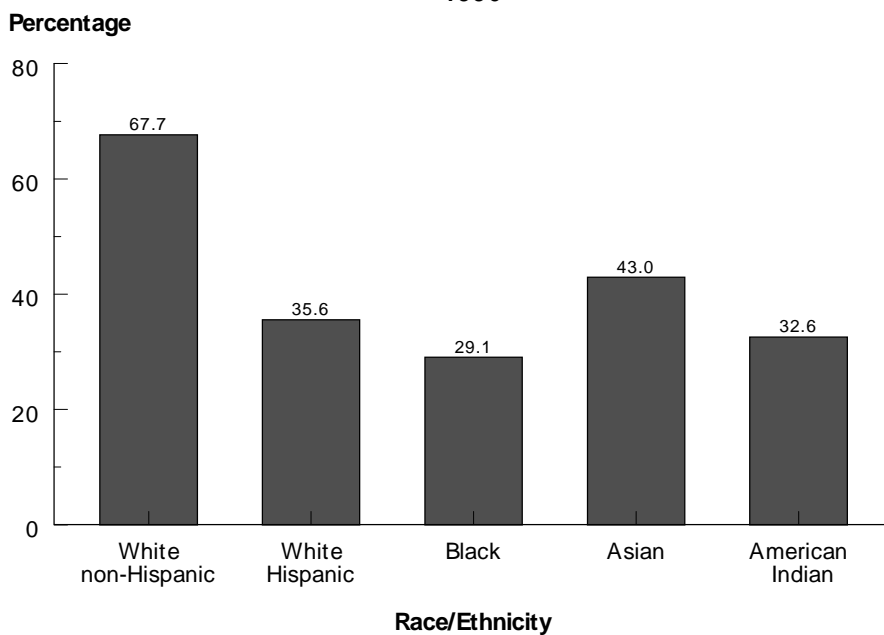
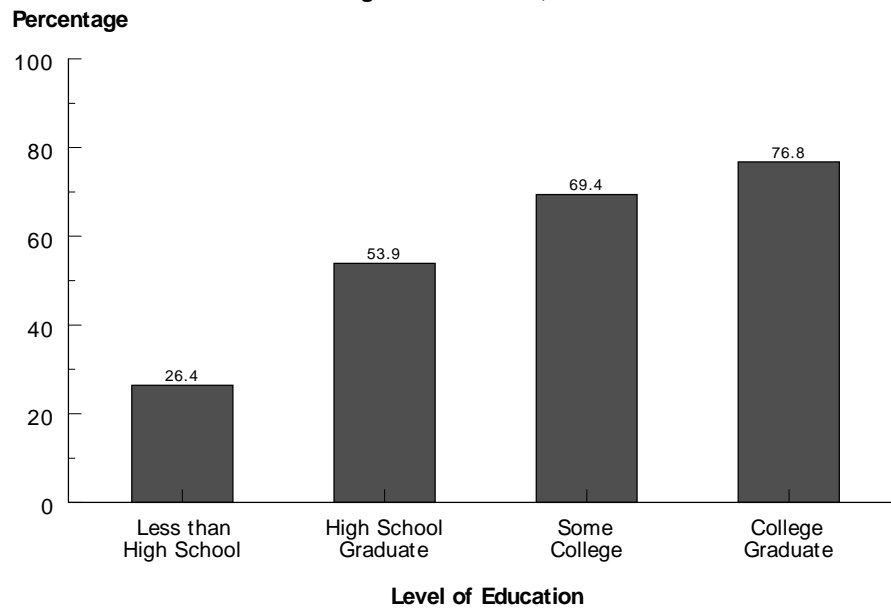


Figure 30

Prevalence of Sunscreen Lotion Use by Education

Ages 18 and Older, 1996



III. Health Care Access and Utilization

Physician Visits

Dentist Visits

Regular Source of Medical Care

Health Care Coverage

Dental Care Coverage

Physician Visits

Regular routine checkups by a physician or physician's assistant are very important for maintaining the health of children and adults alike. All children under age 6 should have at least one physician visit each year to assess the child's growth and development and to ensure that vaccinations are up to date. Regular checkups are also recommended for older children and adults.¹⁵

No Visit: No visit is defined as having made no visit to a physician or physician's assistant within the past 12 months.

One or More Visits: One or more visits is defined as having made one or more visits to a physician or physician's assistant within the past 12 months.

Routine Visit: A routine visit is defined as having made at least one visit to a physician or physician's assistant for a check-up in the past 12 months.

Mean Number of Visits: The mean number of visits is defined as the mean number of visits a person made to a physician for any reason within the past 12 months.

- ◆ The percentage of Rhode Islanders who had no visit declined from 17.2% in 1990 to 13.3% in 1996 (Figure 31). The percentage with no visit declined in every age group with the exception of those ages 18 – 24. The greatest decline occurred for those ages 0 – 17.
- ◆ During the period 1990 - 1996, the percentage of Rhode Islanders who had a routine visit increased from 60.6% to 71.0% (Figure 31) although the mean number of physician visits remained constant over this period (3.7 visits for 1990 and 3.8 visits for 1996).
- ◆ In 1996, the prevalence of routine visits was the highest among those ages 0-5 (95.1%), followed by those ages 6-15 (79.4%). However, the highest mean number of visits (6.5 visits) occurred among persons ages 75 and older.
- ◆ Females (77.8%) were more likely than males (63.4%) to have had a routine visit in the past 12 months.
- ◆ The prevalence of routine visits increased among all race/ethnic groups from 1990 to 1996, but there was little variation in prevalence between race/ethnic groups in 1996 (Figure 32).
- ◆ Persons having health care coverage were more likely to have had one or more visits and more likely to have had a routine visit. In 1996, 89.0% of those with health care coverage reported one or more visits, compared to 66.5% of those without health care coverage. Likewise, 73.4% of insured persons reported a routine visit, compared to 49.2% of those who were uninsured (Figure 33).

¹⁵ Health United States, 1998 with Socioeconomic Status and Health Chartbook. Washington, D.C.; U.S. Department of Health and Human Services. DHHS Pub. No. (PHS) 98-1232, 1998.

Figure 31
Physician Visits in the Past Year
 1990 and 1996

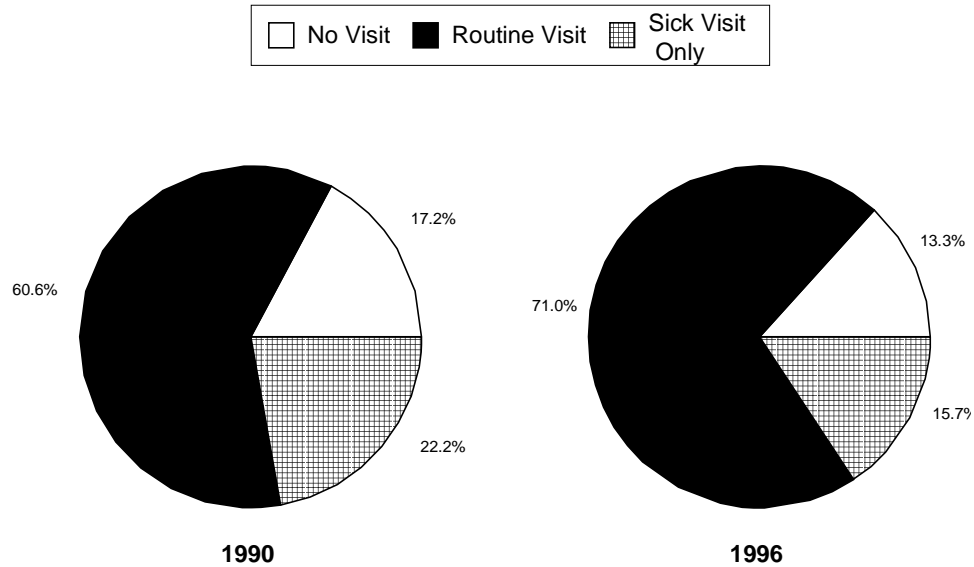
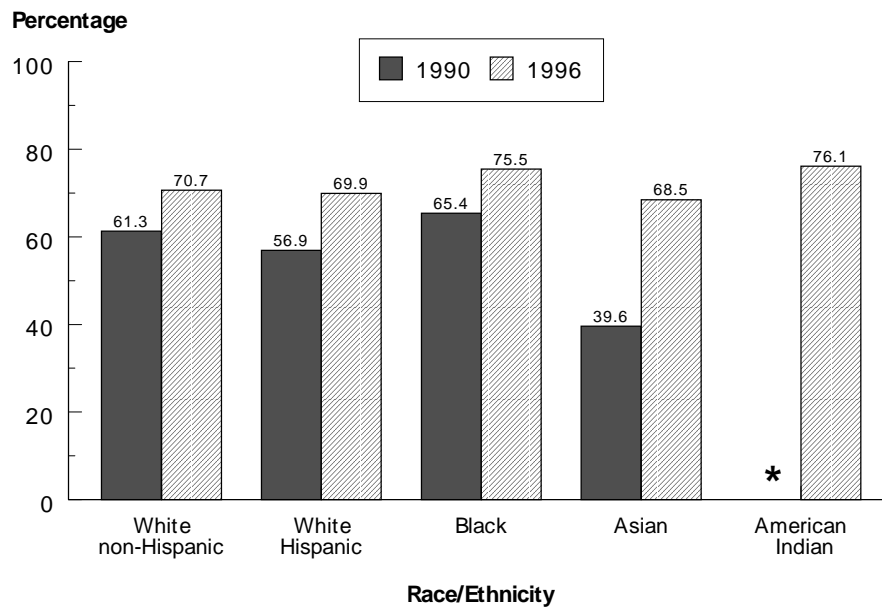
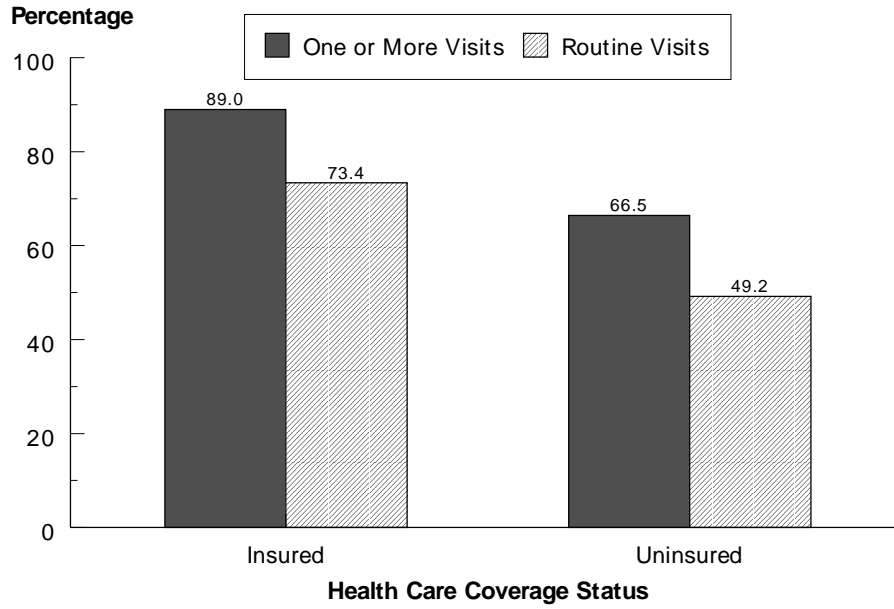


Figure 32
Routine Physician Visits in the Past Year by Race/Ethnicity
 1990 and 1996



* Insufficient data

Figure 33
Physician Visits in the Past Year by Health Care Coverage
1996



Dentist Visits

Regular dental visits provide an opportunity for early diagnosis, prevention, and treatment, as well as for oral hygiene education.¹⁶ Having at least one dental visit per year is recommended.

No Visit: Persons were defined as having no visit if they had not visited a dentist in the past 12 months.

One or More Visits: Persons were defined as having one or more visits if they had visited a dentist at least once in the past 12 months.

Preventive Visits: Persons were defined as having preventive visits if they had visited a dentist in the past 12 months primarily for a checkup or cleaning.

- ◆ Between 1990 and 1996, the percentage of Rhode Islanders who had visited a dentist at least once in the past 12 months did not change substantially, increasing from 76.2% to 77.6%. Likewise, the prevalence of preventive visits increased only slightly, from 70.0% to 72.1%.
- ◆ In 1996, the percentage of those making a preventive visit in the past year varied substantially across age groups, ranging from 90.1% among those ages 6-17 to 47.6% among those in the oldest age group.
- ◆ Females (74%) were more likely than males (69.9%) to have made a preventive visit in the past 12 months.
- ◆ Between 1990 and 1996, the prevalence of preventive visits remained unchanged for non-Hispanic whites but increased in all other race and ethnic groups. (Figure 34).
- ◆ Preventive dental visits increased with increasing educational attainment and household income. In 1996, the percentage of those who had preventive visits in the past year ranged from 43.8% among those with less than a high school education, to 82.8% among those who had graduated from college. It ranged from 55.7% among those living in households below the federal poverty level, to 84.7% among those in the highest income group.
- ◆ Preventive dental visits corresponded with dental care coverage status (Figure 35). Persons with commercial coverage were more likely to have preventive visits than persons either with Medicaid or without coverage. Preventive visits for persons with Medicaid coverage increased from 57.8% in 1990 to 61.3% in 1996, likely due to the introduction in 1994 of the Rite Care program (Medicaid managed care) which includes dental coverage for lower income Rhode Islanders. Rite Care has also attempted to increase provider participation, and Medicare has worked to improve access to dental services for its population.

¹⁶ Healthy People 2000. National Health Promotion and Disease Prevention Objectives. Washington, D.C.; United States Department of Health and Human Services. DHHS Pub. No. (PHS) 91-50212, 1990.

Figure 34
Preventive Dental Visits in the Past Year by Race/Ethnicity
 Ages 2 and Older, 1990 and 1996

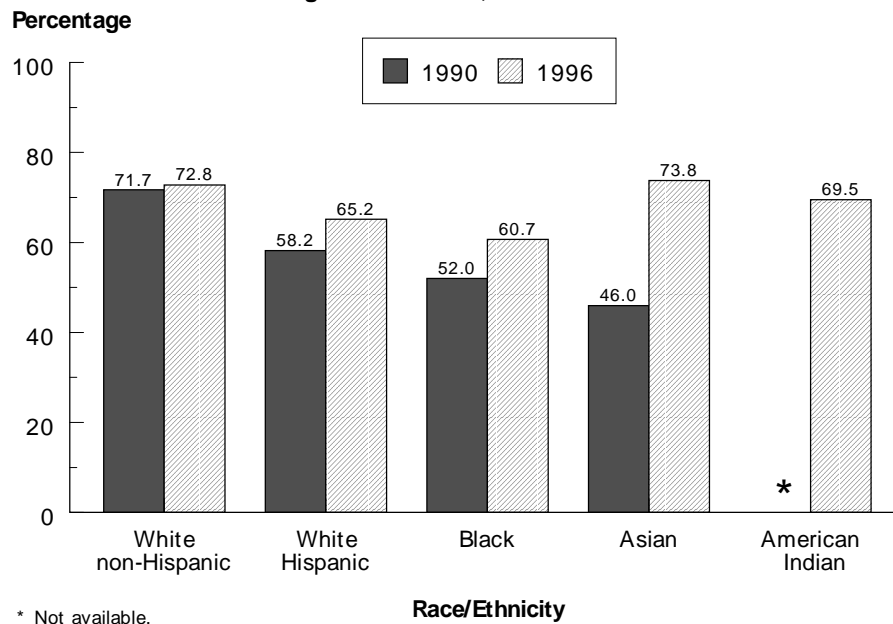
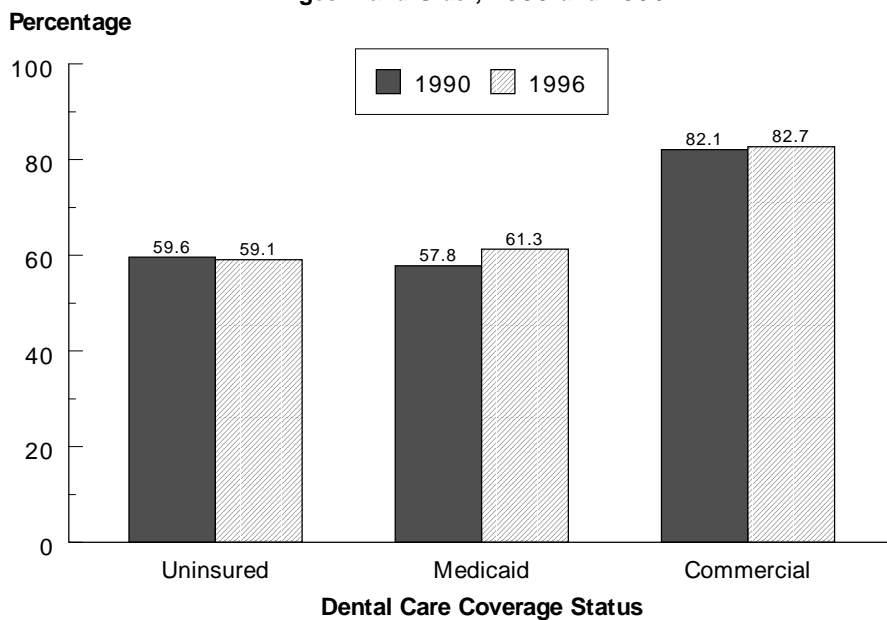


Figure 35
Preventive Dental Visits in the Past Year by Dental Care Coverage
 Ages 2 and Older, 1990 and 1996



Regular Source of Medical Care

Having a regular source of medical care is an important indicator of access to health care services. Persons who have a regular source of care are more likely to receive an annual physical examination and preventive health services, to have continuous care when needed, and to be satisfied with the care received.¹⁷

None: Persons were defined as having none if they did not identify a regular place for medical care.

Inadequate: Persons were defined as having an inadequate source of medical if they identified a hospital emergency room, walk-in, or urgent or “EM-urgent” care as their regular source of medical care.

Adequate: Persons were defined as having an adequate regular source of medical care if they identified a private doctor’s office or group practice, a health center, hospital outpatient clinic, HMO center, company or school clinic, or some other kind of clinic as their source of regular medical care.

- ◆ Between 1990 and 1996, the percentage of Rhode Islanders who had an adequate regular source of medical care increased slightly from 84.9% to 87.0%.
- ◆ In 1996, persons in the two youngest age groups (ages 0-17) and in the two oldest age groups (ages 65 and older) were more likely to have an adequate regular source of health care than those ages 18-64.
- ◆ Females were more likely than males to have an adequate regular source of care.
- ◆ In 1996, the prevalence of having none or an inadequate regular source of care was higher among Hispanic Whites (17.6%) and Asians (14.4%) than among non-Hispanic Whites (12.8%), Blacks (12.2%) and American Indians (12.5%) (Figure 36).
- ◆ The disparity in prevalence of having none or an inadequate regular source of care between those with and without health care coverage widened during the period from 1990 to 1996. In 1996, uninsured persons were 3.5 times as likely as insured persons to have no or an inadequate regular source of care; in 1990 uninsured persons were twice as likely as insured persons to have no or an inadequate regular source of care (Figure 37).

¹⁷ Kleiman MB. Importance of a regular source of medical care among the elderly. J Am Geriatr Soc 1979, 27(12):555-7.

Figure 36

Prevalence of Having No or an Inadequate Source of Medical Care by Race/Ethnicity

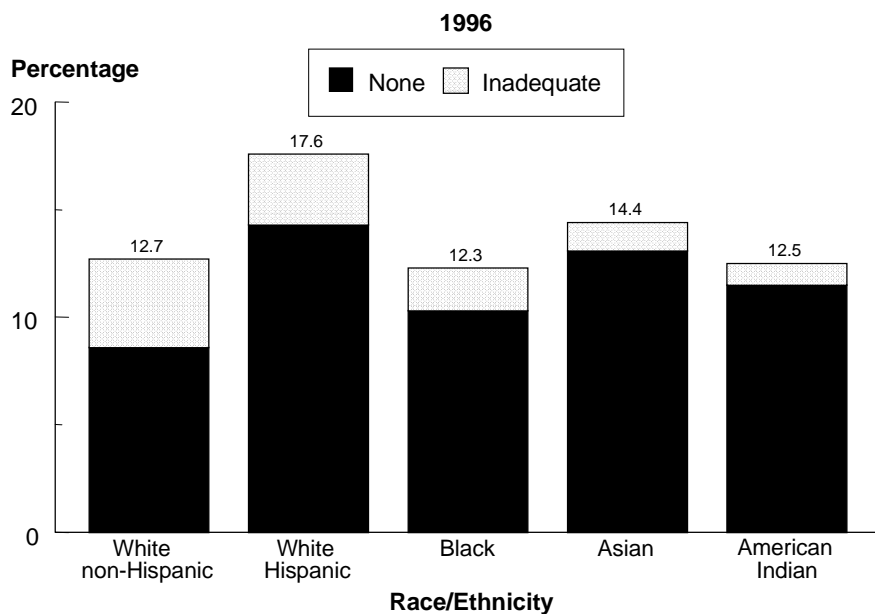
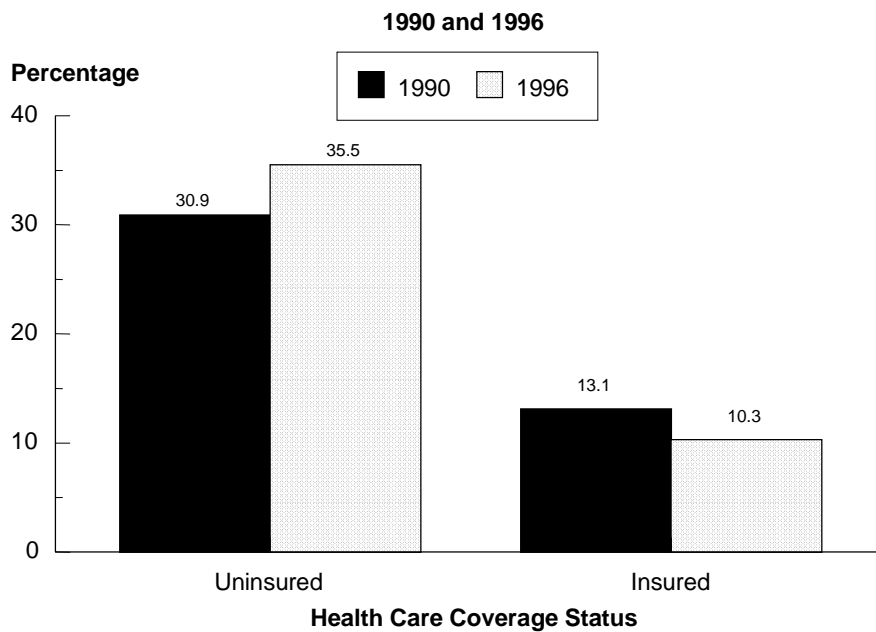


Figure 37

Prevalence of Having No or an Inadequate Source of Medical Care by Health Care Coverage



Health Care Coverage

Health care coverage is a determinant of access to health care. Persons without health care coverage are less likely to have a usual source of health care, more likely to have an unmet need for health care, and less likely to receive preventive health care services.¹⁸

Uninsured: Persons were defined as being uninsured if they reported not having any kind of health care insurance.

Employer-Paid Coverage*: A person was defined as having employer-paid coverage if they reported having any type of private health care coverage (their own or other family member's) paid for entirely or mostly by an employer.

Self-Paid Coverage*: A person was defined as having self-paid coverage if they reported having any type of private health care coverage (their own or family member's) paid for mostly or entirely by themselves or another family member.

Other-Paid Coverage*: A person was defined as having other-paid coverage if they reported having health care coverage through Medicare, Medicaid (including RIte Care), or any other kind of program not included above.

**Persons with more than 1 kind of coverage were assigned in the order listed.*

- ◆ From 1990 to 1996, the percentage of Rhode Islanders lacking health care coverage increased from 9.1% to 10.0%. Only those ages 0 - 5, and 18 – 24 did not have an increased percentage of uninsured. Increased coverage in these two age groups may reflect RIte Care's extension of health coverage for low income women and children.
- ◆ About 1 in every 5 adults ages 18-24 lacked health care coverage.
- ◆ Males were somewhat more likely to be uninsured than females. However males were more likely to be covered by employer-paid plans and females by public programs.
- ◆ Every minority group had rates of uninsured that were more than twice that for non-Hispanic Whites (Figure 38).
- ◆ From 1990 to 1996 the proportion with employer-paid coverage remained constant, while self-paid coverage decreased from 15.3% to 13.1% and other-paid coverage increased from 14.9% to 16.3%.
- ◆ Having health care coverage was strongly related to household income. In 1996, the proportion of uninsured ranged from 23.2% among those with household incomes below the Federal Poverty Level (FPL), to 2.8% among persons in the highest income category (4 or more times FPL). Most persons in higher income groups were covered by employer-paid plans, while most persons in the lowest income group were covered by government and other programs (Figure 39).

¹⁸ Health, United States, 1998 with Socioeconomic Status and Health Chartbook. Washington, D.C.; U.S. Department of Health and Human Services. DHHS Pub. No. (PHS) 98-1232, 1998.

Figure 38
Source of Health Care Coverage by Race/Ethnicity

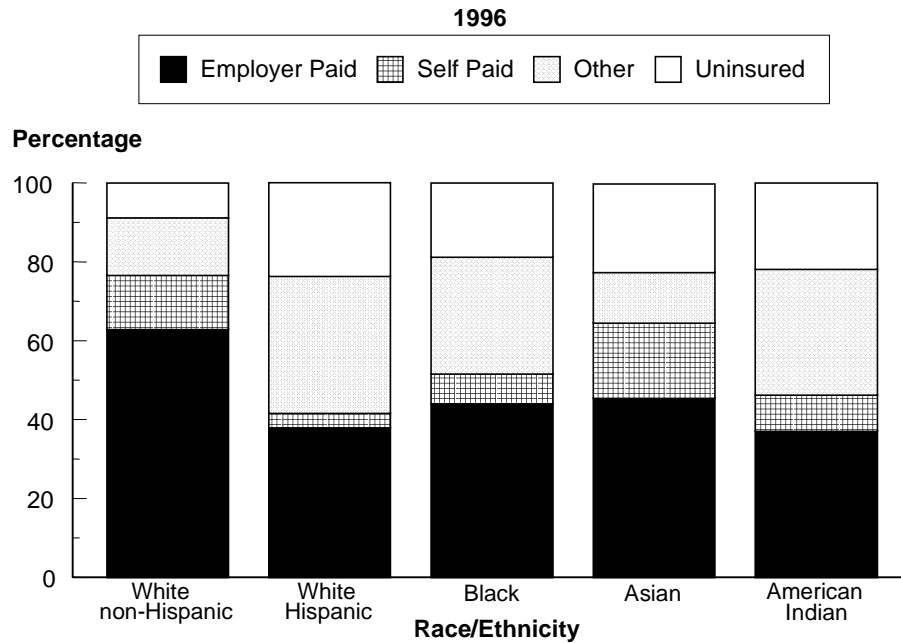
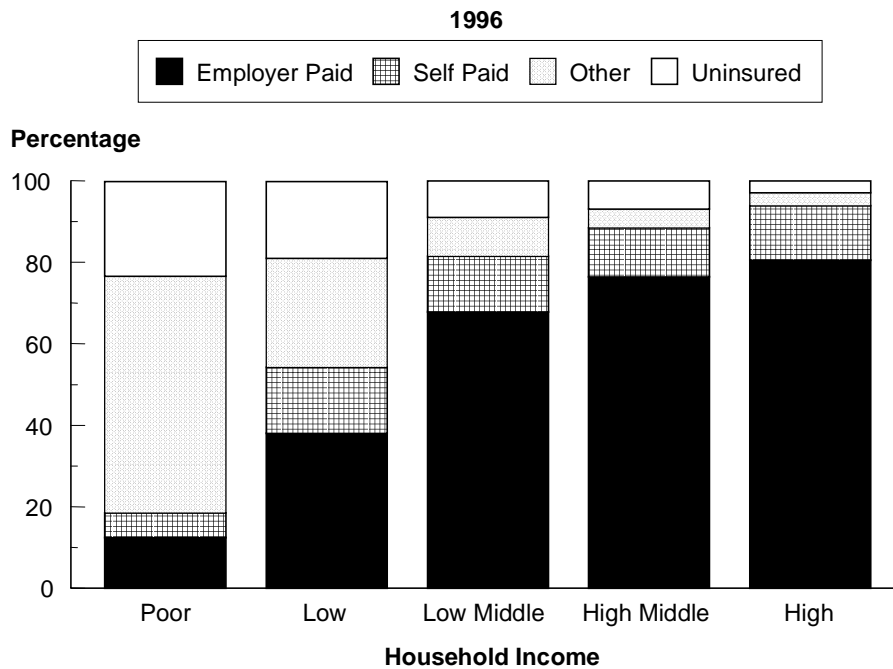


Figure 39
Source of Health Care Coverage by Income



Dental Care Coverage

Dental care coverage is an important determinant of access to dental care services. A person with dental care coverage is more likely to get regular dental care and to have improved oral health status than is a person without coverage.¹⁹

Uninsured: Persons were defined as being uninsured if they reported not having any kind of dental insurance.

Commercial: A person was defined as having commercial coverage if they reported having any type of private dental insurance (their own or other family member's)

Medicaid: A person was defined as having dental insurance through Medicaid if they reported having health care coverage through fee-for-service Medicaid or through the RIte Care program (Medicaid managed care).

- ◆ Between 1990 and 1996, the percentage of Rhode Islanders who did not have dental care coverage decreased from 47.0% to 38.7%. Medicaid dental coverage increased from 6.3% to 8.3%, and commercial coverage increased from 46.7% to 52.9%.
- ◆ In 1996, more than 75% of persons ages 65 and older had no dental care coverage. Lack of dental care coverage for other age groups ranged from 26.2% (ages 6-17) to 40% (ages 55 – 64).
- ◆ In 1996, the overall rate of dental care coverage by race and ethnicity varied from 61.1% (non-Hispanic White) to 68.3% (American Indian). The source of coverage varied more widely between groups. Commercial dental care coverage was highest (54.8%) for non-Hispanic Whites, and lowest (32.4%) for Hispanic Whites. Hispanic Whites also had the highest percentage (31.3%) with Medicaid dental care coverage, and non-Hispanic Whites the lowest (6.3%) (Figure 40).
- ◆ More than half of those persons with less than a high school education lacked dental care coverage, compared with slightly more than a third of those with education beyond high school.
- ◆ A greater proportion (57.5%) of persons from poor households (those with incomes below the FPL) had dental coverage, primarily through Medicaid, than did households (44%) with low incomes (1 – 1.99 times the FPL). Above 2 times the FPL, the percentage of persons with dental care coverage increased as household income increased (Figure 41).
- ◆ The prevalence of commercial dental care coverage increased with increasing household income. Persons in the highest income category were 6 times as likely to have commercial coverage as persons in the lowest income group. The opposite relationship was true for Medicaid dental care coverage (Figure 41).

¹⁹ Dental service use and dental insurance coverage – United States, Behavioral Risk Factor Surveillance System, 1995. MMWR 1997 46(50):1199-1203.

Figure 40

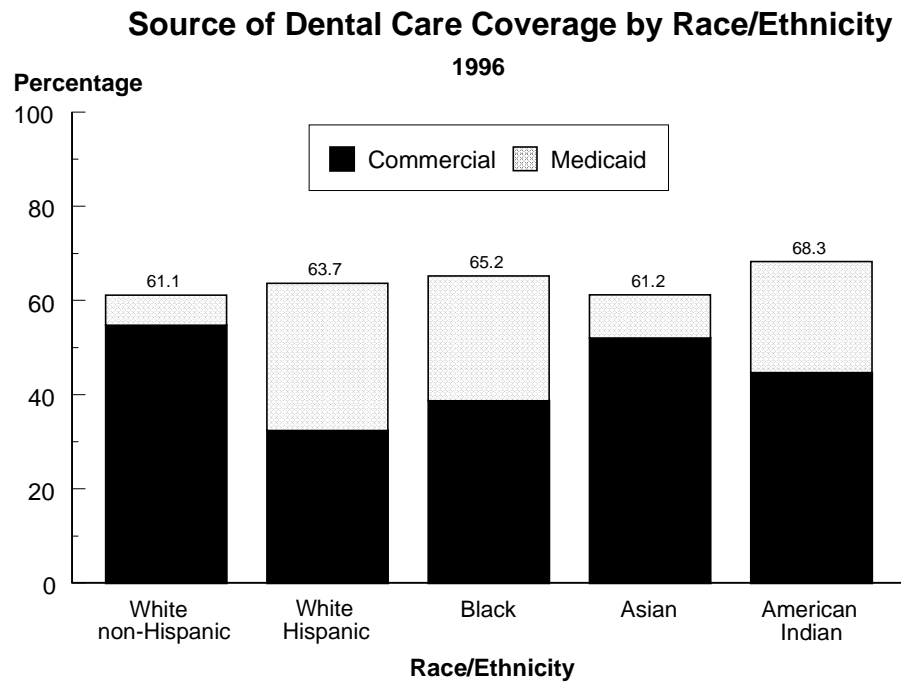
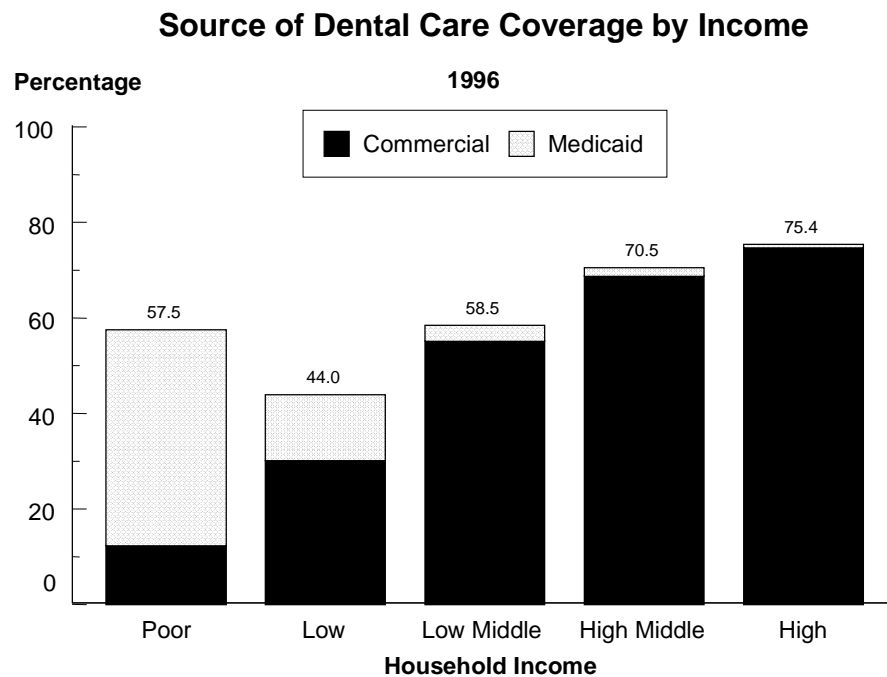


Figure 41



Appendices

A. Methodology

B. Sample Demographics

C. Detailed Tables

Appendix A: Methodology

The Rhode Island Health Interview Survey (HIS) is a telephone survey of a representative sample of Rhode Island households, designed to collect health-related information on all members of the sampled households. Topics covered include: health status, health care access and utilization, health risk behaviors, and health insurance coverage, as well as demographics. The survey has been performed since 1972 at approximately 5-year intervals. The two most recent HIS were conducted in 1990 and in 1996 using comparable methods. Sampling and telephone interviewing for the data collection for both years were conducted by Northeast Research, Orono Maine, a professional survey organization, under contract to the Rhode Island Department of Health.

Sample Selection

The population from which the 1990 and 1996 HIS sample was drawn was the total non-institutionalized Rhode Island population living in the state “most of the year” and residing in telephone-equipped households. This population excludes: (1) individuals in penal, mental, or other institutions; (2) individuals living in other group quarters such as dormitories, barracks, convents, or boarding houses (with ten or more unrelated residents); (3) persons who live less than six months per year in the contacted household; and (4) individuals living in a household without a telephone.

Households to be interviewed were selected by a random-digit-dialing method designed to assure that all residential telephone numbers in Rhode Island had an equal probability of selection in each stratum.

Sample Size and Response Rate

For the 1990 HIS, a total of 2,588 interviews were conducted in households containing 6,536 residents. The estimated response rate for the total sample was 78.6%.

For the 1996 HIS, a total of 2,580 interviews were conducted in households containing 6,583 residents. The estimated response rate for the total sample was 74.2%. Table 1 shows the distribution of sample and response for the 1990 and 1996 HIS.

Table 1: Distribution of Sample and Response Rates in the Basic and Race/Ethnic Oversamples for the 1990 and 1996 RIHIS.*

	1990				1996		
	Number of Households	Number of Individuals	Response Rate		Number of Households	Number of Individuals	Response Rate
Basic Sample	2,484	6,223	78.6%		1,439	3,558	80.5%
Oversample	104	313	78.5%		1,141	3,025	67.5%
Total	2,588	6,536	78.6%		2,580	6,583	74.2%

* Sizes of the basic samples and oversamples differed in the two years because of a change in the sampling design from 1990 to 1996. Methodological details are presented in the technical reports for each year, available from the Rhode Island Department of Health, Office of Health Statistics.

Interviewing

The 1996 HIS interviews were conducted during the period February 1996 – October 1996, while the 1990 HIS interviews were conducted between November 1990 and April 1991. Interviews for both surveys were performed with the adult in the household who was identified as knowing the most about the health and medical care of the people living there. Data were collected for all members of the household. The interviews averaged 20 minutes in length.

When a Spanish-speaking or Portuguese-speaking individual answered the call, the interviewers referred the number to Spanish-speaking or Portuguese-speaking interviewers. In 1990 a total of 53 interviews (2.0%) were conducted in Spanish. In 1996 a total of 126 interviews (4.9%) were conducted in Spanish, and a total of 15 interviews (0.6%) were conducted in Portuguese.

Weighting

A weighting factor was used to adjust the survey sample to be representative of all Rhode Island residents living in telephone-equipped households. This weight factor corrects for:

- 1) overrepresentation of individuals living in households served by more than one telephone number,
 - 2) multiple family units sharing the same telephone, and
 - 3) the geographic and race/ethnic stratification of the survey sample so it represents the Rhode Island population in accordance with 1990 US Census figures. Thus, the results from these surveys can be generalized to the population of Rhode Island.
- Throughout this report estimated prevalence rates are based on weighted data.

Data Analysis

All data analysis and data management was performed using SAS (Statistical Analysis System) software. Unless otherwise specified, the small number of individuals who answered that they did not know or refused to answer a question were excluded from the denominators when calculating prevalence estimates.

Prevalence estimates for some subgroups were based on small sample sizes, especially for some race and ethnic categories. Estimates based on fewer than 50 observations were not presented in this report since the results from those small sample sizes were considered statistically unreliable.

Some of the demographic variables are interrelated. For example, the elderly, and certain race/ethnic minorities are concentrated in the lower education and lower income categories. Associations among variables need to be controlled to identify the independent effect of each one. It is beyond the scope of this report to adjust for all of these interrelationships. However, the reader needs to be aware of potential interactions between variables when interpreting the results presented here.

Allowances for Sampling Error

The data resulting from any survey are “estimates” of the actual distribution of attributes in the entire population at the time the sample was drawn. The likelihood of possible differences between data obtained from a sample and the data that would have been obtained from the entire population is mathematically determinable by using confidence intervals. This confidence interval is normally expressed as the number of percentage points which should be added to and subtracted from a sample estimate in order to have a given level of confidence that the “true” value for the whole population lies within that range. Table 2 lists the 95% confidence interval limits to be placed around sample estimates in order to be “95% certain” that the “true” value for the population lies within that interval.

Sample estimates for subgroups constituting only a portion of the overall sample result in broader confidence intervals.

Table 2: Confidence Interval Limits to be Placed around Sample Estimates by Sample Size and Sample Estimates (95% Confidence Level)¹

Numbers in table are percentage points to be added to and subtracted from sample estimates in order to be “95% certain” that the “true” value for the whole population actually falls within the interval.

Sample Size (N) on which Estimate is Based	Where Sample Estimate is Approximately:				
	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50%
6550	0.7	1.0	1.1	1.2	1.2
5000	0.8	1.1	1.3	1.4	1.4
4000	0.9	1.2	1.4	1.5	1.5
3000	1.1	1.4	1.6	1.8	1.8
2580	1.2	1.5	1.8	1.9	1.9
2000	1.3	1.8	2.0	2.1	2.2
1500	1.5	2.0	2.3	2.5	2.5
1000	1.9	2.5	2.8	3.0	3.1
750	2.1	2.9	3.3	3.5	3.6
500	2.6	3.5	4.0	4.3	4.9
400	2.9	3.9	4.5	4.8	4.9
300	3.4	4.5	5.2	5.5	5.7
200	4.2	5.5	6.4	6.8	6.9
150	4.8	6.4	7.3	7.8	8.0
100	5.9	7.8	9.0	9.6	9.8
75	6.8	9.0	10.4	11.1	11.3
50	8.3	11.1	12.7	13.6	13.9
25 ²	11.8	15.7	18.0	19.2	19.6

¹ The confidence interval limits are calculated with the equation:

$$CI.95 = \pm 1.96 \sqrt{\frac{(P)(1-P)}{N}}$$

Where:

CI.95 = confidence intervals at 95% confidence level,

P = weighted sample estimate (as a proportion),

N = sample size.

² Estimates based on fewer than 50 cases were not reported.

Appendix B: Sample Demographics

B1 Demographic Characteristics of the 1990 RIHIS Sample

B2 Demographic Characteristics of the 1996 RIHIS Sample

Table B1. Demographic Characteristics of the 1990 RIHIS Sample

Sociodemographic Characteristics	<u>All Persons</u>		<u>1990</u>	
	Number	Percent¹	<u>Percent¹</u>	
			Male	Female
Total	6536	100.0	47.5	52.5
Age²				
0- 5	575	8.5	4.3	4.2
6-17	1069	14.7	7.3	7.4
18-24	636	10.5	5.2	5.3
25-34	1151	18.1	8.7	9.4
35-44	981	14.4	6.9	7.5
45-54	700	10.6	5.1	5.5
55-64	576	9.0	4.3	4.7
65-74	484	8.2	3.5	4.7
75 and Older	312	5.3	1.9	3.3
Unk/Ref/Approx. age	52	0.8	0.3	0.5
Gender				
Male	3098	47.5	47.5	NA
Female	3438	52.5	NA	52.5
Race/Ethnicity				
White, non-Hispanic	5682	88.9	42.4	46.6
White, Hispanic	319	3.8	1.8	2.1
Black	380	3.9	1.7	2.1
Asian	75	1.6	0.7	0.9
American Indian	11	0.3	0.1	0.2
	45	1.0	0.5	0.5
Other				
	24	0.4	0.2	0.2
Unk/Ref				
Education (Age ≥ 18)				
Less than H.S.	902	18.5	8.0	10.5
H.S. Graduate	1852	37.3	17.0	20.3
Some College	889	18.7	8.2	10.5
College Graduate	1227	25.5	13.6	11.9
Unk/Ref	0.0	0.0	0.0	0.0

(Continued)

Table B1. Demographic Characteristics of the 1990 RIHIS Sample (Cont.)

Sociodemographic Characteristics	<u>All Persons</u>		<u>1990</u>	
	Number	Percent¹	<u>Percent¹</u>	Male Female
Total	6536	100.0	47.5	52.5
Income				
Below FPL ³	438	6.9	2.6	4.3
1.00-1.99 FPL	1016	15.4	6.8	8.6
2.00-2.99 FPL	1114	17.2	8.4	8.8
3.00-3.99 FPL	1057	15.8	7.7	8.2
4.00 FPL or More	1984	30.6	15.5	15.0
Unk/Ref	927	14.1	6.5	7.6
Marital Status (Age ≥ 18)				
Married	2985	59.2	29.5	29.7
Widowed	351	7.5	1.2	6.3
Separated	102	1.9	0.7	1.2
Divorced	345	7.8	3.1	4.8
Never Married	1081	23.5	12.2	11.3
Unmarried Couple ⁴	-	-	-	-
Unk/Ref	6	0.1	0.1	<0.1
Employment Status (Age > 18)				
Full-time Employed	2567	51.6	28.9	22.7
Part-time Employed	404	8.6	2.5	6.1
Homemaker	514	9.9	0.1	9.8
Retired	664	14.6	6.7	7.9
Student	255	5.4	2.5	2.9
Laid Off	120	2.7	1.9	0.8
Unemployed	116	2.3	1.5	0.8
Disabled Permanently	119	2.4	1.4	1.0
Disabled Temporarily	101	2.2	1.2	1.0
Other	9	0.2	0.1	0.1
Unk/Ref	1	<0.1	0.0	<0.1

¹ Weighted percent

² Age groups based on single year of age

³ Federal Poverty Level

⁴ Not asked in 1990

Unk/Ref: Unknown or refused

NA: Not applicable.

Table B2. Demographic Characteristics of the 1996 RIHIS Sample

Sociodemographic Characteristics	<u>All Persons</u>		<u>1996</u>	
	Number	Percent¹	Percent¹	Male Female
Total	6583	100.0	47.4	52.6
Age²				
0- 5	630	8.8	4.5	4.3
6-17	1271	16.9	8.7	8.2
18-24	484	6.9	3.3	3.6
25-34	1015	15.9	7.4	8.5
35-44	1095	16.6	8.0	8.6
45-54	870	13.3	6.3	7.1
55-64	500	8.7	4.1	4.6
65-74	425	7.5	3.3	4.2
75 and Older	286	5.3	1.9	3.4
Unk/Ref	7	0.1	<0.1	0.1
Gender				
Male	3143	47.4	47.4	NA
Female	3440	52.6	NA	52.6
Race/Ethnicity				
White, non-Hispanic	5074	89.4	42.3	47.1
White, Hispanic	715	4.0	1.9	2.0
Black	546	3.8	1.8	1.9
Asian	123	1.4	0.6	0.8
American Indian	92	1.1	0.5	0.6
Other	6	0.1	0.1	<0.1
Unk/Ref	27	0.4	0.1	0.3
Education (Age > 18)				
Less than H.S.	774	15.4	7.0	8.4
H.S. Graduate	1715	37.3	17.2	20.0
Some College	878	19.4	8.1	11.2
College Graduate	1269	27.5	13.5	14.0
Unk/Ref	39	0.5	0.3	0.2
Income				
Below FPL ³	745	9.1	3.5	5.5
1.00-1.99 FPL	1127	16.9	7.5	9.4
2.00-2.99 FPL	1059	16.6	7.8	8.9
3.00-3.99 FPL	977	15.7	7.7	8.0
4.00 FPL or More	1801	29.0	14.9	14.0
Unk/Ref	874	12.7	5.8	6.9

(Continued)

Table B2. Demographic Characteristics of the 1996 RIHIS Sample (Cont.)

Sociodemographic Characteristics	<u>1996</u>		<u>Percent¹</u>	
	<u>All Persons</u>		Male	Female
	Number	Percent ¹		
Total	6583	100.0	47.4	52.6
Marital Status (Age ≥ 18)				
Married	2794	59.9	30.0	29.9
Widowed	307	7.4	1.2	6.2
Separated	111	1.8	0.3	1.4
Divorced	374	8.2	3.0	5.2
Never Married	975	20.2	10.4	9.8
Unmarried Couple	110	2.4	1.1	1.3
Unk/Ref	4	0.1	<0.1	<0.1
Employment Status (Age ≥ 18)				
Full-time Employed	2544	53.6	29.8	23.8
Part-time Employed	432	9.3	3.0	6.4
Homemaker	510	10.0	0.2	9.8
Retired	619	14.8	7.0	7.9
Student	225	4.9	2.1	2.7
Laid Off	58	1.2	0.7	0.5
Unemployed	89	1.7	1.2	0.6
Disabled Permanently	131	3.0	1.6	1.3
Disabled Temporarily	63	1.3	0.5	0.8
Other	3	0.1	0.0	0.1
Unk/Ref	1	<0.1	<0.1	0.0

¹ Weighted percent

² Age groups based on single year of age

³ Federal Poverty Level

Unk/Ref: Unknown or refused

NA: Not applicable

Appendix C: Detailed Tables

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Table C1. Percent¹ Distribution of General Health Status, 1990 and 1996

Sociodemographic Characteristics	Poor/ Fair	<u>1990</u> Good/ V.Good	Excel- lent	Poor/ Fair	<u>1996</u> Good/ V.Good	Excel- lent
All Persons	10.3	51.5	38.2	9.9	50.9	39.2
Age						
0- 5	3.3	39.7	57.0	1.7	32.3	66.0
6-17	2.8	43.8	53.4	2.5	41.5	56.0
18-24	4.0	52.4	43.6	2.7	53.6	43.8
25-34	3.8	52.5	43.7	7.4	50.7	41.8
35-44	8.0	51.0	41.0	8.1	54.8	37.1
45-54	13.3	57.1	29.6	13.4	54.9	31.7
55-64	17.2	61.2	21.5	18.0	58.8	23.2
65-74	27.7	58.0	14.2	18.8	65.9	15.4
75 and Older	38.7	51.1	10.2	35.2	51.5	13.3
Gender						
Male	8.9	51.2	39.9	8.9	50.3	40.7
Female	11.6	51.8	36.6	10.8	51.3	37.9
Race/Ethnicity						
White, non-Hispanic	9.9	51.0	39.1	9.6	51.0	39.4
White, Hispanic	19.9	58.8	21.3	16.9	49.1	34.0
Black	10.1	54.0	35.9	9.6	46.1	44.3
Asian	12.1	57.4	30.5	4.9	54.2	41.0
American Indian	*	*	*	19.7	54.8	25.4
Education (Ages ≥ 18)						
Less than H.S.	29.3	54.6	16.1	30.6	54.0	15.4
H.S. Graduate	12.3	58.6	29.1	11.5	59.8	28.7
Some College	6.6	53.6	39.7	10.2	55.6	34.2
College Graduate	5.2	48.0	46.8	5.3	49.2	45.5
Income						
Below FPL ²	21.3	51.4	27.3	23.4	44.0	32.6
1.00-1.99 FPL	20.3	53.4	26.3	16.6	54.0	29.4
2.00-2.99 FPL	9.2	58.0	32.8	8.8	53.7	37.5
3.00-3.99 FPL	5.1	53.0	41.9	6.4	50.4	43.1
4.00 FPL or More	4.6	44.7	50.7	3.5	48.0	48.4
Weight (Ages ≥ 18)						
Not Overweight	10.3	51.4	38.4	9.3	51.5	39.2
Overweight ³	12.9	58.7	28.4	12.7	58.2	29.1
Obese ⁴	25.9	55.1	19.0	21.8	58.7	19.5

¹ Weighted percent.

² Federal Poverty Level.

³ $25.0 \leq \text{Body Mass Index} < 30.0$ for both males and females (see page 22)

⁴ $\text{Body Mass Index} \geq 30.0$ for both males and females (see page 22)

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C2. Percent¹ Distribution of Persons Who Had Ever Been Told by a Doctor They Have Diabetes or High Blood Sugar (HBS), Ages 18 and Older, 1990 and 1996

Sociodemographic Characteristics	1990 Diabetes²	1990 Diabetes or HBS	1996 Diabetes or HBS
All Persons (Ages ≥ 18)	4.2	6.3	4.9
Age			
18-24	0.6	0.6	0.2
25-34	1.3	2.6	1.1
35-44	2.2	4.2	3.3
45-54	4.9	8.0	4.9
55-64	6.2	9.0	8.9
65-74	12.8	16.7	8.3
75 and Older	8.7	11.6	15.4
Gender			
Male	3.8	5.8	5.3
Female	4.6	6.6	4.5
Race/Ethnicity			
White, non-Hispanic	4.0	6.2	4.8
White, Hispanic	5.4	7.4	7.1
Black	8.3	8.8	8.4
Asian	*	*	2.3
American Indian	*	*	0.0
Education			
Less than H.S.	9.7	12.4	8.1
H.S. Graduate	3.7	5.7	5.5
Some College	2.1	3.6	3.0
College Graduate	2.6	4.6	3.5
Income			
Below FPL ³	7.5	9.8	8.0
1.00-1.99 FPL	8.0	10.4	6.0
2.00-2.99 FPL	3.4	5.2	4.0
3.00-3.99 FPL	5.1	7.9	5.1
4.00 FPL or More	2.1	3.6	3.2
Weight			
Not Overweight	2.6	3.8	2.3
Overweight ⁴	5.2	7.6	5.5
Obese ⁵	11.0	16.4	11.1

¹ Weighted percent

² Persons who had ever been told by doctor they have diabetes

³ Federal Poverty Level

⁴ 25.0 ≤ Body Mass Index <30.0 for both males and females

⁵ Body Mass Index ≥ 30.0 for both males and females (see page 22)

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C3. Percent¹ Distribution of Persons Who Had Ever Been Told by a Doctor They Have Hypertension and Had Been Given Medicine by a Doctor for Hypertension Control, Ages 18 and Older, 1990 and 1996

Sociodemographic Characteristics	<u>1990</u> Hypertension	<u>1996</u> Hypertension Medicine²	
All Persons (Ages ≥ 18)	19.0	21.7	75.1
Age			
18-24	2.3	2.1	*
25-34	6.5	7.7	29.4
35-44	10.5	13.6	57.4
45-54	21.8	23.0	73.4
55-64	35.2	38.2	86.9
65-74	46.3	45.2	86.5
75 and Older	41.5	50.9	86.4
Gender			
Male	18.8	22.3	71.9
Female	19.3	21.1	78.0
Race/Ethnicity			
White, non-Hispanic	19.1	21.9	75.5
White, Hispanic	18.3	16.9	50.0
Black	22.8	20.8	85.1
Asian	*	9.7	*
American Indian	*	36.9	*
Education			
Less than H.S.	32.3	32.6	73.8
H.S. Graduate	19.4	22.3	82.3
Some College	12.2	18.0	68.7
College Graduate	13.8	17.2	68.6
Income			
Below FPL ³	26.3	28.1	74.6
1.00-1.99 FPL	23.7	27.4	80.7
2.00-2.99 FPL	18.5	22.3	73.5
3.00-3.99 FPL	15.3	17.8	69.8
4.00 FPL or More	17.2	18.8	74.7
Weight			
Not Overweight	12.9	13.2	71.5
Overweight ⁴	24.7	28.2	72.9
Obese ⁵	35.4	36.0	84.5

¹ Weighted percent.

² Denominator is those who had ever been told by doctor they have hypertension.

³ Federal Poverty Level.

⁴ $25.0 \leq \text{Body Mass Index} < 30.0$ for both males and females.

⁵ Body Mass Index ≥ 30.0 for both males and females.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C4. Percent¹ Distribution of Persons Who Had Ever Been Told by a Doctor They Have High Cholesterol, Ages 18 and Older, 1990 and 1996

Sociodemographic Characteristics	<u>1990</u> High Cholesterol	High Cholest erol	<u>1996</u> Not High Cholest erol	Cholesterol Unchecked
All Persons (Ages ≥ 18)	16.2	20.6	60.2	19.2
Age				
18-24	4.3	3.8	47.6	48.6
25-34	8.3	11.3	58.9	29.8
35-44	12.5	14.3	66.0	19.6
45-54	22.1	24.8	63.8	11.5
55-64	31.2	36.3	56.9	6.8
65-74	29.9	36.0	57.0	6.9
75 and Older	17.0	29.2	62.9	7.9
Gender				
Male	14.0	19.6	58.9	21.6
Female	18.0	21.4	61.3	17.3
Race/Ethnicity				
White, non-Hispanic	16.6	21.1	60.4	18.4
White, Hispanic	9.4	15.8	58.5	25.7
Black	9.3	11.7	62.2	26.1
Asian	*	14.5	48.2	37.4
American Indian	*	13.0	62.4	24.6
Education				
Less than H.S.	18.7	24.9	52.7	22.4
H.S. Graduate	15.6	20.9	57.5	21.6
Some College	16.5	15.8	62.2	22.0
College Graduate	14.9	21.1	66.9	12.0
Income				
Below FPL ²	12.7	20.3	56.3	23.4
1.00-1.99 FPL	15.2	19.8	52.6	27.5
2.00-2.99 FPL	14.9	21.6	58.0	20.5
3.00-3.99 FPL	15.8	19.0	61.3	19.8
4.00 FPL or More	16.9	19.3	67.2	13.6
Weight				
Not Overweight	12.9	16.0	61.4	22.6
Overweight ³	20.3	26.4	57.0	16.6
Obese ⁴	23.5	24.1	63.0	12.8

¹ Weighted percent

² Federal Poverty Level

³ 25.0 ≤ Body Mass Index < 30.0 for both males and females

⁴ Body Mass Index ≥ 30.0 for both males and females

* Insufficient n to produce reliable estimate (total subgroup's n < 50)

Table C5. Percent¹ Distribution of Activity Limitation Status, 1996

Sociodemographic Characteristics	Severe ² Limitation	Moderate ³ Limitation	Mild ⁴ Limitation	None
All Persons	7.9	5.2	2.8	84.1
Age				
0- 5	0.2	2.3	0.6	97.0
6-17	0.6	5.3	2.9	91.2
18-24	3.0	1.9	4.0	91.1
25-34	5.5	3.7	1.9	88.9
35-44	6.1	4.2	2.5	87.1
45-54	10.6	5.4	4.7	79.3
55-64	14.0	7.6	3.6	74.8
65-74	18.1	8.2	2.2	71.6
75 and Older	32.2	12.4	3.5	51.9
Gender				
Male	6.7	5.5	2.5	85.3
Female	9.0	4.8	3.1	83.1
Race/Ethnicity				
White, non-Hispanic	8.1	5.3	3.0	83.6
White, Hispanic	6.3	4.6	0.6	88.5
Black	7.7	3.5	1.9	87.0
Asian	2.6	3.1	0.0	94.3
American Indian	8.1	8.0	1.4	82.5
Education (Ages ≥ 18)				
Less than H.S.	24.6	7.5	1.7	66.2
H.S. Graduate	9.6	5.3	3.1	82.0
Some College	8.5	4.5	3.2	83.7
College Graduate	5.0	5.2	3.8	86.0
Income				
Below FPL ⁵	21.6	6.6	2.6	69.2
1.00-1.99 FPL	13.1	6.3	2.2	78.4
2.00-2.99 FPL	6.3	6.8	3.8	83.1
3.00-3.99 FPL	3.4	2.8	2.8	91.0
4.00 FPL or More	2.6	4.5	3.1	89.8
Weight (Ages ≥ 18)				
Not Overweight	8.4	3.9	3.5	84.2
Overweight ⁶	10.2	6.6	2.7	80.6
Obese ⁷	18.2	8.1	3.8	69.9

¹ Weighted percent

² Unable to perform major activities

³ Limited in the kind or amount of major activities

⁴ Limited in other activities

⁵ Federal Poverty Level

⁶ $25.0 \leq$ Body Mass Index < 30.0 for both males and females

⁷ Body Mass Index ≥ 30.0 for both males and females

Table C6. Percent¹ Distribution of Smoking Status and Quit Rate, Ages 16 and Older, 1990

Sociodemographic Characteristics	Never Smoked	Former Smoker	<u>1990</u> Current Smoker	Quit Rate²
All Persons (Ages ≥ 16)	51.7	24.2	24.1	50.1
Age				
16-17	89.6	0.7	9.6	*
18-24	67.2	7.6	25.2	23.1
25-34	55.2	17.0	27.8	38.0
35-44	46.3	25.1	28.5	46.8
45-54	43.9	30.7	25.5	54.7
55-64	38.1	36.4	25.5	58.9
65-74	43.0	40.5	16.5	71.1
75 and Older	60.8	28.5	10.8	72.6
Gender				
Male	46.6	28.3	25.1	53.0
Female	56.2	20.6	23.2	47.0
Race/Ethnicity				
White, non-Hispanic	50.8	24.9	24.2	50.7
White, Hispanic	57.2	18.8	24.0	43.9
Black	54.1	18.9	27.0	41.2
Asian	78.1	10.7	11.2	*
American Indian	*	*	*	*
Education (Ages ≥ 18)				
Less than H.S.	44.5	25.3	30.2	45.5
H.S. Graduate	46.0	24.7	29.3	45.8
Some College	52.0	24.2	23.8	50.4
College Graduate	60.5	25.5	14.0	64.5
Income				
Below FPL ³	54.8	18.9	26.3	41.9
1.00-1.99 FPL	47.8	21.2	31.0	40.6
2.00-2.99 FPL	49.2	22.6	28.2	44.5
3.00-3.99 FPL	49.8	27.4	22.8	54.5
4.00 FPL or More	53.1	26.1	20.8	55.6

¹ Weighted percent.

² Ratio of former smokers to both former and current smokers.

³ Federal Poverty Level.

* Insufficient n to produce reliable estimates (total subgroup's n < 50).

Table C7. Percent¹ Distribution of Smoking Status and Quit Rate, Ages 16 and Older, 1996

Sociodemographic Characteristics	Never Smoked	Former Smoker	<u>1996</u> Current Smoker	Quit Rate²
All Persons (Ages ≥ 16)	51.1	27.7	21.2	56.6
Age				
16-17	84.9	0.7	14.4	*
18-24	66.8	6.6	26.6	19.9
25-34	56.6	18.8	24.5	43.4
35-44	51.1	24.1	24.8	49.3
45-54	41.9	33.7	24.4	58.0
55-64	39.3	43.3	17.5	71.2
65-74	42.8	44.5	12.7	77.8
75 and Older	51.5	42.0	6.5	86.7
Gender				
Male	48.3	31.0	20.7	60.0
Female	53.3	25.0	21.7	53.5
Race/Ethnicity				
White, non-Hispanic	49.8	28.9	21.3	57.6
White, Hispanic	70.5	14.0	15.4	47.7
Black	60.6	14.6	24.8	37.1
Asian	58.9	12.8	28.3	*
American Indian	60.1	23.8	16.0	*
Education (Ages ≥ 18)**				
Less than H.S.	44.6	25.0	30.4	45.1
H.S. Graduate	44.9	29.7	25.4	53.9
Some College	50.0	27.9	22.0	55.9
College Graduate	59.3	29.8	10.8	73.4
Income				
Below FPL ³	53.4	18.0	28.6	38.7
1.00-1.99 FPL	44.3	27.6	28.1	49.5
2.00-2.99 FPL	51.4	26.2	22.4	53.8
3.00-3.99 FPL	48.1	28.9	22.9	55.8
4.00 FPL or More	55.0	28.1	16.9	62.4

¹ Weighted percent.

² Ratio of former smokers to both former and current smokers.

³ Federal Poverty Level.

* Insufficient n to produce reliable estimate (total Subgroup's n < 50)

** Only ascertained for those 18 and older.

Table C8. Percent¹ of Persons Ever Smoking Cigarettes Who Have Quit Smoking (Quit Rate²) by Age and Gender, Ages 16 and Older, 1990 and 1996

	Male	<u>1990</u> Female	Both	Male	<u>1996</u> Female	Both
All Persons (Ages \geq 16)	53.0	47.0	50.1	60.0	53.5	56.6
Age						
16-24	23.7	20.6	22.1	20.9	15.1	17.8
25-34	37.1	38.8	38.0	42.6	44.0	43.4
35-44	47.1	46.5	46.8	48.8	49.8	49.3
45-54	58.8	49.8	54.7	63.2	53.1	58.0
55-64	62.2	54.8	58.9	77.1	64.6	71.2
65-74	74.2	67.2	71.1	80.0	75.3	77.8
75 and Older	78.2	65.4	72.6	94.1	80.5	86.7

¹ Weighted percent.

² Ratio of former smokers to both former and current smokers.

Table C9. Percent¹ Distribution of Current and Binge Drinkers, Ages 18 and Older, 1990 and 1996

Sociodemographic Characteristics	1990		1996	
	Current Drinker²	Binge Drinker³	Current Drinker²	Binge Drinker³
All Persons (Ages ≥ 18)	48.3	3.7	44.7	3.8
Age				
18-24	42.8	5.7	36.2	5.8
25-34	58.7	6.9	52.8	8.3
35-44	52.9	2.8	48.4	3.2
45-54	51.3	3.0	48.2	2.5
55-64	49.9	2.6	45.4	1.4
65-74	35.3	0.6	35.7	1.2
75 and Older	22.6	0.0	22.1	0.8
Gender				
Male	58.8	6.6	52.6	6.2
Female	39.3	1.2	38.1	1.8
Race/Ethnicity				
White, non-Hispanic	50.1	3.8	46.4	3.9
White, Hispanic	22.6	5.6	26.0	3.8
Black	34.8	2.1	25.2	2.3
Asian	*	*	29.9	0.0
American Indian	*	*	24.5	0.0
Education				
Less than H.S.	28.5	3.8	25.6	4.1
H.S. Graduate	45.4	4.4	40.4	4.2
Some College	52.2	3.8	48.3	5.0
College Graduate	63.9	2.5	59.3	2.3
Income				
Below FPL ⁴	27.5	4.3	20.2	4.0
1.00-1.99 FPL	33.3	3.3	31.7	5.1
2.00-2.99 FPL	45.1	3.6	40.7	3.8
3.00-3.99 FPL	49.0	3.5	52.0	4.4
4.00 FPL or More	65.7	4.3	60.8	3.3

¹ Weighted percent.

² One or more drinks in the past 2 weeks.

³ Five or more drinks per occasion at least once in the past 2 weeks.

⁴ Federal Poverty Level.

* Insufficient n to produce reliable estimate (total Subgroup's n < 50).

Table C10. Percent¹ Distribution of Weight Status, Ages 18 and Older, 1990

Sociodemographic Characteristics	1990				
	Old Standard Not Overwt	Over- Wt ²	Not Overwt	New Standard Over- Wt ³	Obese ⁴
All Persons (Ages ≥ 18)	80.5	19.5	57.6	33.1	9.3
Age					
18-24	90.5	9.5	77.1	18.4	4.5
25-34	83.7	16.3	62.7	30.4	6.8
35-44	81.1	18.9	59.4	30.6	10.0
45-54	75.8	24.2	49.1	37.7	13.2
55-64	72.6	27.4	44.3	41.3	14.4
65-74	75.0	25.0	42.8	46.6	10.5
75 and Older	82.1	17.9	60.6	32.2	7.2
Gender					
Male	79.7	20.3	46.5	44.5	9.0
Female	81.2	18.8	67.7	22.8	9.5
Race/Ethnicity					
White, non-Hispanic	80.8	19.2	57.6	33.5	8.9
White, Hispanic	72.9	27.1	54.1	31.0	15.0
Black	73.7	26.3	52.4	30.1	17.5
Asian	*	*	*	*	*
American Indian	*	*	*	*	*
Education					
Less than H.S.	67.4	32.6	43.9	37.1	19.0
H.S. Graduate	81.3	18.7	58.2	33.7	8.2
Some College	83.4	16.6	62.5	30.3	7.3
College Graduate	86.6	13.4	63.1	31.5	5.3
Income					
Below FPL ⁵	71.5	28.5	52.0	33.8	14.2
1.00-1.99 FPL	74.9	25.1	52.6	33.2	14.2
2.00-2.99 FPL	81.4	18.6	57.6	34.4	8.0
3.00-3.99 FPL	81.9	18.1	59.5	31.2	9.2
4.00 FPL or More	84.3	15.7	60.6	33.1	6.3

¹ Weighted percent.

² Body Mass Index ≥ 27.8 for males or ≥ 27.3 for females.

³ 25.0 ≤ Body Mass Index < 30.0 for both males and females.

⁴ Body Mass Index ≥ 30.0 for both males and females.

⁵ Federal Poverty Level.

* Insufficient n to produce reliable estimate (Total Subgroup's n < 50).

Table C11. Percent¹ Distribution of Weight Status, Ages 18 and Older, 1996

Sociodemographic Characteristics	1996				
	Old Standard Not Overwt	Over-Wt ²	Not Overwt	New Standard Over-Wt ³	Obese ⁴
All Persons (Ages ≥ 18)	72.2	27.8	50.1	34.3	15.6
Age					
18-24	86.2	13.8	74.1	18.1	7.8
25-34	76.2	23.8	57.8	30.3	11.9
35-44	75.8	24.2	51.0	34.7	14.3
45-54	63.9	36.1	40.8	38.6	20.6
55-64	67.2	32.8	39.3	40.9	19.9
65-74	68.2	31.8	43.7	38.3	17.9
75 and Older	66.4	33.6	45.1	37.9	17.0
Gender					
Male	69.8	30.2	38.9	44.6	16.5
Female	74.3	25.7	60.0	25.3	14.7
Race/Ethnicity					
White, non-Hispanic	72.5	27.5	50.2	34.4	15.4
White, Hispanic	75.4	24.6	51.8	35.9	12.4
Black	64.0	36.0	44.5	34.4	21.1
Asian	*	*	*	*	*
American Indian	*	*	*	*	*
Education					
Less than H.S.	62.3	37.7	38.5	38.3	23.1
H.S. Graduate	70.9	29.1	48.1	35.7	16.1
Some College	75.1	24.9	54.9	31.2	14.0
College Graduate	77.6	22.4	56.1	32.1	11.8
Income					
Below FPL ⁵	65.5	34.5	46.3	27.5	26.1
1.00-1.99 FPL	70.9	29.1	50.8	31.8	17.3
2.00-2.99 FPL	72.7	27.3	47.1	38.4	14.4
3.00-3.99 FPL	70.0	30.0	50.3	34.7	15.0
4.00 FPL or More	75.5	24.5	53.0	33.8	13.3

¹ Weighted percent.

² Body Mass Index ≥ 27.8 for males or ≥ 27.3 for females.

³ 25.0 ≤ Body Mass Index < 30.0 for both males and females.

⁴ Body Mass Index ≥ 30.0 for both males and females.

⁵ Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C12. Percent¹ Distribution of Safety Belt Use², 1990 and 1996

Sociodemographic Characteristics	<u>1990</u>			<u>1996</u>		
	Never	Some-times	Regu-larly	Never	Some-times	Regu-larly
All Persons	19.4	22.7	57.9	8.7	15.2	76.1
Age						
0- 5	1.3	4.6	94.1	0.4	0.7	99.0
6-17	10.6	16.7	72.6	2.6	8.5	88.9
18-24	22.6	25.1	52.3	9.4	18.8	71.8
25-34	21.7	23.7	54.6	13.2	18.0	68.8
35-44	21.0	21.7	57.3	11.6	17.4	71.0
45-54	27.4	23.2	49.4	11.2	20.6	68.2
55-64	26.5	30.3	43.2	8.6	19.3	72.1
65-74	21.5	33.8	44.7	10.3	18.4	71.3
75 and Older	23.3	31.4	45.3	11.6	15.4	73.0
Gender						
Male	23.0	21.8	55.2	11.1	15.8	73.1
Female	16.2	23.4	60.3	6.6	14.7	78.7
Race/Ethnicity						
White, non-Hispanic	20.2	22.1	57.6	9.4	15.1	75.6
White, Hispanic	15.8	29.0	55.2	3.2	15.4	81.3
Black	10.1	33.7	56.2	4.3	16.6	79.2
Asian	0.3	16.2	83.5	1.9	14.7	83.4
American Indian	*	*	*	5.4	18.0	76.6
Education (Ages ≥ 18)						
Less than H.S.	35.4	29.5	35.1	17.1	26.3	56.6
H.S. Graduate	29.0	29.8	41.2	14.1	20.5	65.4
Some College	16.5	25.7	57.8	10.5	18.9	70.6
College Graduate	10.6	17.6	71.8	4.5	10.7	84.9
Income						
Below FPL ³	16.9	25.8	57.3	11.1	16.9	72.1
1.00-1.99 FPL	21.9	27.2	51.0	9.7	18.1	72.2
2.00-2.99 FPL	19.6	24.0	56.4	7.6	15.7	76.7
3.00-3.99 FPL	20.0	22.4	57.6	8.6	15.9	75.5
4.00 FPL or More	17.4	17.6	64.9	6.9	12.1	81.0

¹ Weighted percent.

² Child restraint use for those under 4 years of age; Safety belt use for those ages 4 and older.

³ Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C13. Percent¹ Distribution of Bicycle Riding in the Past 12 Months and Helmet Use Among Those Who Rode a Bicycle in the Past 12 Months, 1990 and 1996

Sociodemographic Characteristics	<u>1990</u>		<u>1996</u>	
	Bike Riding	Helmet Use ²	Bike Riding	Helmet Use ²
All Persons	33.3	13.8	37.0	43.2
Age				
0- 5	36.4	27.1	41.1	77.9
6-17	78.1	10.7	80.7	52.7
18-24	38.2	12.3	41.3	19.7
25-34	36.1	13.5	39.9	32.5
35-44	31.4	13.5	35.7	31.9
45-54	15.8	18.2	20.4	36.8
55-64	11.6	12.6	14.3	23.7
65-74	7.3	*	5.9	*
75 and Older	2.8	*	2.3	*
Gender				
Male	36.7	13.4	41.5	40.6
Female	30.2	14.3	32.9	46.3
Race/Ethnicity				
White, non-Hispanic	33.2	14.3	36.9	44.2
White, Hispanic	40.0	6.8	36.7	27.8
Black	31.8	14.1	41.8	33.6
Asian	26.3	*	38.4	*
American Indian	*	*	26.6	*
Education (Ages ≥ 18)				
Less than H.S.	10.1	4.6	11.1	18.0
H.S. Graduate	20.0	8.0	19.7	21.2
Some College	31.2	14.5	36.3	24.9
College Graduate	35.7	19.5	37.6	42.3
Income				
Below FPL ³	31.3	8.3	36.2	38.4
1.00-1.99 FPL	29.2	11.7	31.3	37.2
2.00-2.99 FPL	36.5	12.8	38.8	45.6
3.00-3.99 FPL	36.8	13.9	36.8	49.2
4.00 FPL or More	36.1	17.9	45.7	43.7

¹ Weighted percent.

² Regular helmet users. Denominator is persons who rode bike within the past 12 months.

³ Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C14. Percent¹ Distribution of Motorcycle Riding in the Past 12 Months and Helmet Use Among Those Who Rode a Motorcycle in the Past 12 Months, 1990 and 1996

Sociodemographic Characteristics	1990		1996	
	MCycle Riding	Helmet Use ²	MCycle Riding	Helmet Use ²
All Persons	5.2	72.7	4.8	74.9
Age				
0-17	1.5	*	3.2	97.1
18-44	10.0	73.9	7.9	72.2
45-64	2.3	*	3.5	*
65 and Older	0.6	*	0.2	*
Gender				
Male	7.5	66.4	6.3	64.6
Female	3.1	86.2	3.4	92.0
Race/Ethnicity				
White, non-Hispanic	5.5	73.6	5.0	76.2
White, Hispanic	4.9	*	2.6	*
Black	1.5	*	1.4	*
Asian	0.0	*	4.0	*
American Indian	*	*	2.3	*
Education (Ages ≥ 18)				
Less than H.S.	5.5	*	5.4	*
H.S. Graduate	6.7	61.8	6.0	75.9
Some College	9.0	76.3	5.2	*
College Graduate	4.3	80.0	4.5	77.3
Income				
Below FPL ³	3.4	*	3.4	*
1.00-1.99 FPL	4.8	*	3.7	*
2.00-2.99 FPL	5.5	65.2	5.4	76.5
3.00-3.99 FPL	5.8	75.5	3.6	*
4.00 FPL or More	6.1	73.1	7.3	73.8

¹ Weighted percent.

² Regular helmet users. Denominator is persons who rode motorcycle in the past 12 months.

³ Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C15. Percent¹ Distribution of Sunscreen Lotion Use in the Past 12 Months, 1990 and 1996

Sociodemographic Characteristics	<u>1990</u> Lotion Use	<u>1996</u> Lotion Use
All Persons	53.3	64.2
Age		
0- 5	67.6	81.1
6-17	68.5	79.0
18-24	59.3	66.2
25-34	59.9	70.3
35-44	56.5	69.3
45-54	46.8	60.1
55-64	40.3	47.9
65-74	32.0	39.7
75 and Older	14.2	23.9
Gender		
Male	47.7	60.0
Female	58.3	67.9
Race/Ethnicity		
White, non-Hispanic	57.2	67.7
White, Hispanic	26.2	35.6
Black	13.8	29.1
Asian	18.0	43.0
American Indian	*	32.6
Education (Ages \geq 18)		
Less than H.S.	20.7	26.4
H.S. Graduate	44.7	53.9
Some College	61.9	69.4
College Graduate	65.4	76.8
Income		
Below FPL ²	31.8	40.7
1.00-1.99 FPL	39.2	51.0
2.00-2.99 FPL	51.5	67.1
3.00-3.99 FPL	61.1	71.0
4.00 FPL or More	67.2	80.1

¹ Weighted percent.

² Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C16. Percent¹ Distribution of Physician Visits and the Mean Number of Physician Visits per Person in the Past 12 Months, 1990

Sociodemographic Characteristics	<u>1990</u>		Routine Visits	Mean # of Visits
	No Visit in Past 12 Mos	1 or More Visits in Past 12 Mos		
All Persons	17.2%	82.8%	60.6%	3.7
Age				
0- 5	6.3	93.7	85.8	4.4
6-17	16.1	83.9	66.4	2.8
18-24	21.9	78.1	53.0	2.8
25-34	23.0	77.0	55.1	3.4
35-44	24.0	76.0	52.2	4.0
45-54	19.3	80.7	54.6	3.5
55-64	14.2	85.8	59.4	4.4
65-74	8.3	91.7	64.0	4.5
75 and Older	6.9	93.1	68.0	6.1
Gender				
Male	22.6	77.4	54.6	3.4
Female	12.5	87.5	66.0	4.1
Race/Ethnicity				
White, non-Hispanic	16.7	83.3	61.3	3.7
White, Hispanic	23.0	77.0	56.9	4.2
Black	15.8	84.2	65.4	3.8
Asian	32.1	67.9	39.6	3.0
American Indian	*	*	*	*
Education (Ages ≥ 18)				
Less than H.S.	20.0	80.0	52.4	4.8
H.S. Graduate	21.2	78.8	54.3	3.3
Some College	13.9	86.1	59.5	4.2
College Graduate	17.8	82.2	60.9	3.7
Income				
Below FPL ²	20.8	79.2	52.0	4.9
1.00-1.99 FPL	18.1	81.9	55.1	4.2
2.00-2.99 FPL	16.3	83.7	61.7	4.1
3.00-3.99 FPL	15.0	85.0	65.1	3.3
4.00 FPL or More	17.0	83.0	62.8	3.6
Health Care Coverage				
Not Insured	34.4	65.6	42.8	2.4
Insured	15.2	84.8	62.9	3.9

¹ Weighted percent.

² Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C17. Percent¹ Distribution of Physician Visits and the Mean Number of Physician Visits per Person in the Past 12 Months, 1996

Sociodemographic Characteristics	<u>1996</u>			Mean # of Visits
	No Visit in Past 12 Mos	1 or More Visits in Past 12 Mos	Routine Visits	
All Persons	13.3%	86.7%	71.0%	3.8
Age				
0- 5	2.0	98.0	95.1	4.2
6-17	9.1	90.9	79.4	2.9
18-24	23.7	76.3	61.6	2.8
25-34	19.7	80.3	61.7	3.5
35-44	18.0	82.0	61.0	3.3
45-54	16.6	83.4	65.5	4.6
55-64	9.2	90.8	75.9	4.1
65-74	8.3	91.7	74.7	4.5
75 and Older	3.6	96.4	75.9	6.5
Gender				
Male	19.3	80.7	63.4	3.4
Female	8.0	92.0	77.8	4.1
Race/Ethnicity				
White, non-Hispanic	13.1	86.9	70.7	3.8
White, Hispanic	16.1	83.9	69.9	3.6
Black	13.3	86.7	75.5	3.3
Asian	19.9	80.1	68.5	2.8
American Indian	15.1	84.9	76.1	3.1
Education (Ages ≥ 18)				
Less than H.S.	16.9	83.1	59.8	4.4
H.S. Graduate	16.8	83.2	67.7	3.7
Some College	17.1	82.9	64.1	4.0
College Graduate	12.1	87.9	69.5	4.0
Income				
Below FPL ²	12.4	87.6	66.7	4.2
1.00-1.99 FPL	17.7	82.3	65.0	4.2
2.00-2.99 FPL	11.8	88.2	74.6	3.8
3.00-3.99 FPL	10.5	89.5	74.7	3.8
4.00 FPL or More	12.8	87.2	72.9	3.4
Health Care Coverage				
Not Insured	33.5	66.5	49.2	2.6
Insured	11.0	89.0	73.4	4.0

¹ Weighted percent.

² Federal Poverty Level.

Table C18. Percent¹ Distribution of Dental Visits in the Past 12 Months, Ages 2 and Older, 1990

Sociodemographic Characteristics	No Visit in Past 12 Mos	1 or More Visits in Past 12 Mos	Preventive Visits
All Persons (Ages ≥ 2)	23.8	76.2	70.0
Age			
2- 5	43.7	56.3	53.8
6-17	9.1	90.9	88.0
18-24	21.2	78.8	72.4
25-34	19.4	80.6	74.5
35-44	16.4	83.6	78.0
45-54	21.6	78.4	72.2
55-64	33.3	66.7	56.5
65-74	35.9	64.1	55.1
75 and Older	54.4	45.6	35.2
Gender			
Male	24.7	75.3	68.9
Female	22.9	77.1	71.0
Race/Ethnicity			
White, non-Hispanic	22.5	77.5	71.7
White, Hispanic	32.6	67.4	58.2
Black	36.2	63.8	52.0
Asian	45.7	54.3	46.0
American Indian	*	*	*
Education (Ages ≥ 18)			
Less than H.S.	48.1	51.9	42.6
H.S. Graduate	25.6	74.4	66.8
Some College	17.0	83.0	76.1
College Graduate	14.4	85.6	80.5
Income			
Below FPL ²	37.7	62.3	54.6
1.00-1.99 FPL	39.6	60.4	51.8
2.00-2.99 FPL	22.9	77.1	71.0
3.00-3.99 FPL	20.3	79.7	74.5
4.00 FPL or More	13.9	86.1	80.9
Dental Care Coverage			
None	32.7	67.3	59.6
Medicaid	34.1	65.9	57.8
Commercial	13.4	86.6	82.1

¹ Weighted percent.

² Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C19. Percent¹ Distribution of Dental Visits in the Past 12 Months, Ages 2 and Older, 1996

Sociodemographic Characteristics	No Visit in Past 12 Mos	1 or More Visits in Past 12 Mos	Preventive Visits
All Persons (Ages \geq 2)	22.4	77.6	72.1
Age			
2- 5	47.0	53.0	51.0
6-17	7.1	92.9	90.1
18-24	24.8	75.2	70.9
25-34	20.6	79.4	73.4
35-44	15.3	84.7	78.6
45-54	22.1	77.9	71.1
55-64	27.1	72.9	66.6
65-74	33.9	66.1	56.7
75 and Older	44.9	55.1	47.6
Gender			
Male	24.1	75.9	69.9
Female	20.9	79.1	74.0
Race/Ethnicity			
White, non-Hispanic	22.0	78.0	72.8
White, Hispanic	25.1	74.9	65.2
Black	29.1	70.9	60.7
Asian	21.2	78.8	73.8
American Indian	24.5	75.5	69.5
Education (Ages \geq 18)			
Less than H.S.	44.7	55.3	43.8
H.S. Graduate	26.8	73.2	66.1
Some College	17.2	82.8	77.4
College Graduate	13.4	86.6	82.8
Income			
Below FPL ²	36.5	63.5	55.7
1.00-1.99 FPL	33.6	66.4	58.9
2.00-2.99 FPL	24.8	75.2	68.5
3.00-3.99 FPL	20.0	80.0	76.6
4.00 FPL or More	11.3	88.7	84.7
Dental Care Coverage			
None	34.1	65.9	59.1
Medicaid	29.9	70.1	61.3
Commercial	13.1	86.9	82.7

¹ Weighted percent.

² Federal Poverty Level.

Table C20. Percent¹ Distribution of Regular Source of Medical Care, 1990 and 1996

Sociodemographic Characteristics	<u>1990</u>			<u>1996</u>		
	None	Inade- quate ²	Adequ- ate ³	None	Inade- quate ²	Adequ- ate ³
All Persons	10.9	4.2	84.9	9.0	4.0	87.0
Age						
0- 5	1.1	0.8	98.1	2.6	1.1	96.3
6-17	4.9	4.4	90.7	2.4	2.6	95.0
18-24	19.4	4.8	75.8	17.8	6.7	75.5
25-34	16.9	5.9	77.1	15.8	6.6	77.6
35-44	17.3	5.3	77.4	11.2	4.2	84.6
45-54	9.5	3.0	87.5	10.1	5.5	84.4
55-64	5.8	4.0	90.2	8.4	3.3	88.3
65-74	6.7	4.8	88.5	6.8	1.4	91.9
75 and Older	5.4	2.2	92.5	3.6	1.1	95.3
Gender						
Male	14.0	4.2	81.8	11.7	4.5	83.8
Female	8.1	4.3	87.6	6.6	3.5	89.9
Race/Ethnicity						
White, non-Hispanic	10.8	4.2	85.0	8.6	4.1	87.2
White, Hispanic	14.0	5.0	81.0	14.3	3.3	82.4
Black	9.3	5.3	85.3	10.3	2.0	87.8
Asian	11.2	2.2	86.7	13.1	1.3	85.6
American Indian	*	*	*	11.5	1.0	87.5
Education (Ages ≥ 18)						
Less than H.S.	10.3	5.5	84.2	12.0	4.3	83.7
H.S. Graduate	14.7	5.1	80.2	11.5	5.2	83.3
Some College	12.2	4.9	83.0	13.1	4.2	82.7
College Graduate	13.5	3.1	83.4	9.3	4.2	86.6
Income						
Below FPL ⁴	8.0	3.9	88.2	8.2	4.6	87.2
1.00-1.99 FPL	9.9	4.9	85.2	12.6	2.7	84.6
2.00-2.99 FPL	10.4	6.8	82.8	7.0	2.5	90.5
3.00-3.99 FPL	11.5	1.9	86.6	9.2	4.3	86.6
4.00 FPL or More	11.3	4.1	84.6	8.0	4.7	87.2
Health Care Coverage						
Not Insured	25.4	5.5	69.1	28.7	6.8	64.5
Insured	9.0	4.1	86.9	6.7	3.6	89.7

¹ Weighted percent.

² Includes hospital emergency room, walk-in, or urgent or “EM-urgent” care.

³ Includes private doctor’s office or group practice, health center, hospital outpatient clinic, HMO center, company or school clinic, or some other kind of clinic.

⁴ Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C21. Percent¹ Distribution of Health Care Coverage, 1990

Sociodemographic Characteristics	Not Insured	Insured	<u>1990</u> Employer Paid²	Self Paid³	Other Paid⁴
All Persons	9.1	90.9	60.7	15.3	14.9
Age					
0- 5	8.4	91.6	61.6	11.6	18.4
6-17	8.4	91.6	66.8	13.5	11.3
18-24	22.0	78.0	56.8	14.9	6.3
25-34	15.2	84.8	70.0	10.6	4.3
35-44	7.1	92.9	74.3	15.0	3.7
45-54	4.7	95.3	77.0	14.6	3.7
55-64	5.9	94.1	63.2	26.1	4.8
65-74	0.6	99.4	20.9	23.2	55.4
75 and Older	0.8	99.2	8.1	13.3	77.8
Gender					
Male	10.6	89.4	61.7	15.3	12.4
Female	7.8	92.2	59.9	15.2	17.1
Race/Ethnicity					
White, non-Hispanic	7.9	92.1	63.4	15.5	13.2
White, Hispanic	24.3	75.7	33.9	8.4	33.4
Black	18.6	81.4	46.9	8.6	26.0
Asian	17.4	82.6	33.1	19.3	30.2
American Indian	*	*	*	*	*
Education (Ages ≥ 18)					
Less than H.S.	11.1	88.9	33.5	16.7	38.7
H.S. Graduate	9.9	90.1	61.0	16.7	12.4
Some College	9.6	90.4	67.0	16.8	6.5
College Graduate	6.9	93.1	70.5	13.9	8.7
Income					
Below FPL ⁵	12.2	87.8	21.4	9.8	56.6
1.00-1.99 FPL	16.3	83.7	39.3	19.4	25.0
2.00-2.99 FPL	10.0	90.0	61.7	18.7	9.6
3.00-3.99 FPL	7.0	93.0	72.8	15.6	4.6
4.00 FPL or More	5.2	94.8	79.9	10.7	4.3

¹ Weighted percent.

² Any private health insurance mostly or entirely paid by employer (their own or family member's).

³ Not in the category of Employer Paid. Private health insurance that they pay for mostly or entirely (themselves or a family member).

⁴ Not in the category of Employer Paid or Self Paid. Mostly or entirely paid by government.

⁵ Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).

Table C22. Percent¹ Distribution of Health Care Coverage, 1996

Sociodemographic Characteristics	Not Insured	Insured	<u>1996</u>	Self Paid ³	Other Paid ⁴
			Employer Paid ²		
All Persons	10.0	90.0	60.6	13.1	16.3
Age					
0- 5	7.3	92.7	61.5	11.7	19.6
6-17	9.3	90.7	64.2	12.0	14.5
18-24	20.1	79.9	56.6	15.2	8.1
25-34	15.6	84.4	66.9	9.2	8.3
35-44	10.2	89.8	72.5	11.6	5.8
45-54	10.1	89.9	73.3	12.2	4.5
55-64	7.0	93.0	67.0	18.9	7.1
65-74	2.0	98.0	24.0	21.9	52.2
75 and Older	2.2	97.8	7.9	12.9	77.0
Gender					
Male	11.1	88.9	63.1	13.3	12.5
Female	9.0	91.0	58.3	13.0	19.7
Race/Ethnicity					
White, non-Hispanic	8.7	91.3	62.9	13.7	14.7
White, Hispanic	23.7	76.3	38.0	3.7	34.7
Black	18.7	81.3	44.1	7.5	29.7
Asian	22.5	77.5	45.4	19.2	12.8
American Indian	21.8	78.2	37.1	9.2	31.9
Education (Ages ≥ 18)					
Less than H.S.	18.7	81.3	31.5	11.3	38.6
H.S. Graduate	11.0	89.0	59.2	12.8	17.0
Some College	9.3	90.7	69.3	12.3	9.0
College Graduate	5.6	94.4	70.2	16.6	7.6
Income					
Below FPL ⁵	23.2	76.8	12.5	6.1	58.1
1.00-1.99 FPL	18.8	81.2	38.1	16.1	26.9
2.00-2.99 FPL	8.9	91.1	67.9	13.6	9.6
3.00-3.99 FPL	6.8	93.2	76.5	12.0	4.7
4.00 FPL or More	2.8	97.2	80.6	13.3	3.3

¹ Weighted percent.

² Any private health insurance mostly or entirely paid by employer (their own or family member's).

³ Not in the category of Employer Paid. Private health insurance that they pay for mostly or entirely (themselves or a family member).

⁴ Not in the category of Employer Paid or Self Paid. Mostly or entirely paid by government.

⁵ Federal Poverty Level.

Table C23. Percent¹ Distribution of Dental Care Coverage, 1990 and 1996

Sociodemographic Characteristics	None	<u>1990</u>	Commer- cial	None	<u>1996</u>	Commer- cial
		Medi- caid			Medi- caid ²	
All Persons	47.0	6.3	46.7	38.7	8.3	53.0
Age						
0- 5	31.2	18.9	49.8	31.3	20.5	48.1
6-17	33.7	11.7	54.6	26.2	14.8	59.0
18-24	50.7	6.6	42.7	41.8	8.2	50.1
25-34	43.7	4.0	52.3	37.6	7.9	54.5
35-44	38.7	3.4	58.0	29.2	5.4	65.4
45-54	35.8	3.4	60.8	32.7	2.7	64.6
55-64	56.6	2.0	41.4	40.0	3.9	56.1
65-74	83.7	2.8	13.4	73.8	3.7	22.5
75 and Older	88.4	6.0	5.7	84.1	5.9	9.9
Gender						
Male	47.4	5.5	47.1	39.6	6.6	53.9
Female	46.6	7.1	46.3	38.0	9.9	52.1
Race/Ethnicity						
White, non-Hispanic	47.1	4.0	48.9	39.0	6.3	54.8
White, Hispanic	50.5	30.6	18.9	36.3	31.3	32.4
Black	39.5	23.5	37.0	34.8	26.4	38.8
Asian	51.7	27.1	21.2	38.8	9.1	52.1
American Indian	*	*	*	31.7	23.6	44.7
Education (Ages ≥ 18)						
Less than H.S.	65.8	10.9	23.3	57.3	13.6	29.1
H.S. Graduate	53.6	2.7	43.7	46.3	5.5	48.2
Some College	45.0	2.2	52.8	35.0	3.9	61.1
College Graduate	42.3	1.8	55.9	34.0	1.7	64.3
Income						
Below FPL ³	48.7	41.5	9.8	42.5	45.2	12.3
1.00-1.99 FPL	61.3	9.9	28.8	56.0	13.8	30.2
2.00-2.99 FPL	49.0	1.6	49.4	41.5	3.3	55.2
3.00-3.99 FPL	44.9	0.8	54.3	29.5	1.7	68.8
4.00 FPL or More	35.7	0.6	63.6	24.7	0.7	74.7

¹ Weighted percent.

² Includes Rite Care program for 1996.

³ Federal Poverty Level.

* Insufficient n to produce reliable estimate (total subgroup's n < 50).